

	Main Office: 700 Frederick St. Ste. 103 Santa Cruz, CA 95062 Phone: 831-996-1222	Watsonville Office: 255A East Lake Ave. Watsonville, CA 95076 Fax: 831-417-0443	Monterey Office: 1010 Cass St. Bldg. C-4 Monterey, CA 93940 www.shinealight.info	New Perspectives Center for Counseling 862 Folsom St. San Francisco, 94107 sfnewperspectives.org

Payment Authorization

Please note: New clients are requested to keep a valid credit card on file. Please complete the following information.

Credit Card Type: ___ Visa ___ MasterCard ___ American Express ___ Discover

Name on Card: _____

Credit Card #: _____

3 Digit Security Code: _____ **Expiration Date:** _____

If American Express, 4 Digit Code on Front of Card: _____

Street Address Associated with Card: _____

Zip Code: _____

Email Address: _____

This card may be used for the following (initial all):

- _____ Regular session fees
- _____ Same day cancellations or no-show appointments
- _____ Delinquent sessions (more than 30 days overdue)
- _____ I understand there are no refunds given

I _____ have read and understand the terms of providing my credit card to Shine A Light Counseling Center. I understand that my credit card may be charged for the reasons indicated above. I also understand there are no refunds given. Any questions I have about this practice have been answered and I give my full consent to charge my credit card under the circumstances above. This agreement is valid until termination of services.

Signature: _____ Date: _____