

Steven Kessler, MFT

Psychotherapy and Coaching
Groups and Workshops
Lic. # MFT 23008

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(510) 834-5399

Credit Card Authorization

Please read the entire form. Before signing, please ask about anything that is unclear.

By providing your signature, you agree to the following:

Session fees may be paid in cash or by check, Visa, or MasterCard.

Session fees are due and payable not later than the end of each session.

Charges for phone consultation are due and payable at the end of the session or before the session.

Missed sessions or sessions not cancelled at least 24 hours before the scheduled appointment time will be charged at the regular fee.

If a charge is not honored, client agrees to be responsible for all associated fees.

If client later reverses an authorized and legitimate charge, client is responsible for fees associated with the charge back.

The charge on your monthly credit card statement will show as a payment made to Steven Kessler, MFT. To avoid fees for mistaken charge backs, please ensure that all persons responsible for verifying charges on your monthly statements are notified of the charges for services rendered by Steven Kessler, MFT.

Credit Card Information Visa MasterCard

_____ : _____ : _____
Name as it appears Card Number Expiration 3 digits

Billing address City State Zip

Email address for credit card receipts: _____
(I will routinely email you a receipt for each charge. Please inform me you do not want receipts emailed to you.)

By my signature, I certify that I am an authorized signer on the above credit card account. I authorize Steven Kessler, MFT to make charges to my credit card. I agree to the terms set forth above as well as those set forth in the office policies. I agree to be routinely charged for fees associated with my treatment, or the treatment of my child, including fees for weekly sessions held, missed or not cancelled at least 24 hours before the scheduled appointment.

Signature

Date