

Jay S. Weinberg, MA, CAGS

CREDIT CARD AUTHORIZATION

I,_____(name of client) the holder of credit card number ending in _____(last four digits) hereby authorize Jay S.

Weinberg, MA, CAGS , to charge the amount agreed to for therapy sessions and/or group sessions for _____(patient). I further understand that I will be held fully responsible for the charges that will be applied to this credit card* for the services provided by Jay S. Weinberg, MA, CAGS. Fees for Individual Therapy are \$175 per 50-minute session. Fees for initial intake sessions are \$225.

*Payments made by credit card will incur a \$5.00 processing fee per transaction.

Date: _____

By:_____

Client (Legal Guardian)

