COUNSELING OFFICE OF PAUL K HERSH, MFT, PSY.D.
875 SOUTH WESTLAKE BLVD., SUITE #209
WESTLAKE VILLAGE, CALIFORNIA 91361
TELEPHONE (805) 497-9488
FAX (805) 495-3753

CREDIT CARD AUTHORIZATION FORM

Counseling Office of Paul K Hersh accepts American Express, Mastercard, and Visa as forms of payment for services rendered. Services are normally billed during the same week as the provided session. On occasion (holidays, etc.) there may be a delay of up to one week after the session before your credit card will actually be charged.

Upon your request, Counseling Office of Paul K Hersh will provide you with a detailed billing statement at the end of each month.

Card Type:

- ☐ American Express
- ☐ Mastercard
- ☐ Visa

Credit Card Number:

_____

Expiration Date: _____

V-Code / Security Code: *** _____

****American Express is 4-digit number on front of card. Mastercard and Visa are 3-digit numbers appearing on the back of your card after the account number.*

Name as it appears on credit card: _____

Address: *No P.O. boxes* _____

(Where you receive credit card bills) _____

I authorize Counseling Office of Paul K Hersh to bill the credit card noted above for psychotherapy services rendered.

Authorized Signature: _____ Dated: _____

Printed Name: _____