NICOLE WEISS

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Please complete the updated upon requ	ne following information. This for uest at any time.	m will be securely stor	ed in your clinical file and may be
I authorize Nicole	Weiss LCSW to charge my credit	/debit card for profess	ional services as follows:
Please Initial:			
Recurring c	harges for services in the amount	of \$per visit.	
	d and agree that my card will be continued in the continu	harged full fee for can	cellations with less than 24 hours'
	d this form is valid for one year ui charge back") for sessions I have r		
	ent and/or do not cancel my appo		, am authorizing Nicole Weiss my inability to attend a scheduled urs in advance as agreed to in the
Charges will appea	ar on your credit card statement a	s: Counseling Services	5.
Card Type (check one): Visa MasterCard American Express			
Name as Printed o	n Card:		
Card #: Expiration Date:			
Verification/Secur	ity Code (3-digit code on back by	signature line-MC/Vis	sa)
(Street, City, State	& ZIP)		
Signature: Date:			
Dates Charged:	Authorization Code:	Dates Charged:	Authorization Code:
Dates Charged.	Authorization Code.	Dates Charged.	Authorization Code.