

CREDIT CARD CONSENT FORM

I, , hereby authorize LORI DENNIS OF TALK THERAPY
to charge my credit card in the amount of: \$320.00 per hour for each scheduled session.

CREDIT CARD INFO

☐ VISA ☐ MASTERCARD (please check one)

Cardholder Number

EXPIRY DATE: / CVV CODE

Cardholder Signature:

Date: