



11340 West Olympic Blvd.
Suite 203 & Suite 330
Los Angeles, California 90064

Credit/Debit Authorization Form

I, _____, hereby authorize Marnie Breecker and The Center for Relational Healing (CRH) to charge my credit/debit card for professional services in the amount of: _____ per hour of services provided.

Please check type of card: VISA _____ Mastercard _____ American Express _____

Bank Name on the Card (Issuing Financial Institution): _____

Cardholder Name (As it appears on the card): _____

Credit Card Account Number: _____

Expiration Date: _____

CVV Number (Three-digit code on the back of the card): _____

Cardholder Signature: _____

Credit Card Billing Address for Monthly Card Statements:

I further authorize Marnie Breecker and CRH to process the above card for **recurring fees** in the amount of \$_____ from the following inception date _____ to the following end date _____. (If not applicable, please enter N/A in the spaces above.) If I have any questions about these charges, I agree to contact Marnie Breecker via email at info@marniebreecker.com. I agree that I will not pursue a refund directly through my credit/debit card company, bank, or other financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by my provider.

Client Signature: _____

Date: _____