



Dr. Lacy Olson-Ayala

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Credit Card Authorization Form

Valid credit card is required to schedule initial session. By signing this form, you are authorizing Dr. Lacy Olson-Ayala to charge the credit card listed below for psychotherapy service fees on the day of service.

Fees range from \$240 to \$360 depending upon the nature and length of the session:

Initial 50-minute Intake – \$240

50-minute Therapy Session – \$240

80-minute Therapy Session – \$360

Name on card: _____

Expiration Date: _____

Card Number: _____

CW Code: _____

Billing Address: _____

City, State: _____

Zip Code: _____

Printed Name

Signature

Date