

LOS ANGELES NEUROFEEDBACK CENTER  
11620 Wilshire Blvd, 9th Floor  
Los Angeles, CA 90025  
appt line: (323) 705-3031  
www.LosAngelesNeurofeedbackCenter.com

## CREDIT CARD AUTHORIZATION FORM

Card Type (please circle): VISA MASTERCARD AMEX DISCOVER OTHER

CARDHOLDER NAME (as shown on card) \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

CARDHOLDER'S RELATION TO CLIENT \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CVV CODE \_\_\_\_\_

CARDHOLDER BILLING ZIP CODE \_\_\_\_\_

DATE \_\_\_\_\_

CARDHOLDERS SIGNATURE \_\_\_\_\_

I, \_\_\_\_\_, authorize Los Angeles Neurofeedback Center to charge my credit card for agreed upon services and purchases. I understand that my information will be saved to file for future transactions on my account.

I understand that the Los Angeles Neurofeedback Center has a 24hr cancellation period and that if I do not cancel my appointment 24hrs in advance of my appointment time (by calling the 24hr appointment line, email, or text message) that I will be charged for the missed appointment. This will be excused for unforeseen circumstances and/or events that are out of one's control.