



GENERATIVE THERAPY CENTER, LLC

Credit Card Authorization Form

I, _____, authorize Michel Bordeau MA, LCSW (therapist) and/or Kristina Mason (billing specialist) to charge my credit card below for agreed upon sessions. I understand that my information will be saved to file for future sessions on my account. *

Card holders name: (as shown on the card) *

Card number: *

Exp: * _____

CVC: * _____

Signature: *
