

Katrina Zeljak, LMFT99775

6994 El Camino Real, Ste. 205-B, Carlsbad, CA 92009, (760) 931-9333

Client Name _____

Date _____

I agree to allow Katrina M Zeljak, LMFT to charge my credit or debit card (circle one) each visit in the amount of \$_____. This indicated amount will cover the cost of the session or co-pay (circle one).

(Type/Name of Card)	(Card Number)	(Expiration Date)	(CVC Number)
(Name on Card)			
(Street Address)			
(City) (Zip)	(State)		

This agreement may be terminated at any time by written notification of either party. _____
(Initial)

I understand that an imprint of my card and my signature are required and will be kept on file until this agreement is terminated.

(Initial)

(Client Signature)

(Date)