

# The Coche Center Credit card Permission Slip

Name: \_\_\_\_\_

NAME OF CARD (Visa, Master Card, American Express): \_\_\_\_\_

Number on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing address (Street): \_\_\_\_\_

(City, State): \_\_\_\_\_

(Zip code): \_\_\_\_\_

I authorize use of this card to pay charges for the following family members  
(INCLUDE YOUR NAME)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I hereby authorize Judith Coche Anderson. Ph.D. to access my credit card to pay all charges without further contact, until I give written notice otherwise.

Permissible charges include those for individual and group psychotherapy, consultation and coaching, assessment and reporting, and retreat work.

I agree to update the card as needed.

Signature: \_\_\_\_\_

Date of authorization: \_\_\_\_\_

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For use by the office only:

Clinician:

Rate: Full/Prof court/deep scholarship/student/other: