

Mantra Counseling, LLC
Amy L. Datla, LMHC, LMFT, CAP, NCC, BC-TMH
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Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___

Account number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Amount to be Charged: \$125 per 1- hour therapy session & \$185 per 1.5 hour session

By signing this form, you authorize **Mantra Counseling, LLC** (Amy Datla) to charge your card for the amount listed above at the time counseling services are rendered. This authorization expires a year from date signed and can be canceled (written request) at any time.

Signed: _____ Date: _____