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**CONFIDENTIAL PAYMENT INFORMATION**

**All of the Information Given on this Form is Protected with Encryption**

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

Type of Card: \_\_\_\_\_  
(Visa, Mastercard, or Discover)

Credit Card Number: \_\_\_\_\_

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

Verification Code: (3 digits) \_\_\_\_\_

**Billing Address: (Must be the address listed on this credit card account)**

Street: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

If you opt to utilize your credit card for payment, the information provided here is used by this office for the purpose of billing your sessions *only*.

For your privacy and protection, your credit card number and information is not electronically stored! Your credit card information is electronically entered only at the point of sale, then removed.

I do not keep credit card information in electronic files in any form including: database, pdf file, scanned documents, text documents, spreadsheet, or email.

I use only paper reports of our transactions, supplied to you personally at the beginning of each month for the previous month.

This page containing your credit card information is destroyed by means of cross-shredding when therapy has ended.