

# Carol R. Hirshfield, Ph.d.

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## Authorization to Use Credit Card for Payment for Co-parenting with My Ex (COPE) Class

For: \_\_\_\_\_ Co-Parent Name: \_\_\_\_\_  
Your name

Day of class: (circle) Thursday/Saturday Date class begins: \_\_\_\_\_

I hereby authorize Dr. Carol Hirshfield to charge the \$400 fee (per person) for enrollment in the course *Co-Parenting with my Ex*®, to my credit card, as follows. This signature also signifies my understanding that:

- (1) I must give 1 week's notice if I decide not to take the class, and I will be refunded any payment less a \$25 processing fee.
- (2) I am NOT entitled to any refund if I withdraw after the series has started, even after one class:

\_\_\_\_ Master Card    \_\_\_\_ Visa    \_\_\_\_ Discover    \_\_\_\_ American Express

Total Fee: \$ \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code (3 #s on back or 4 digit for Am Ex) \_\_\_\_\_

Name as it appears on my card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address

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City

State

Zip code

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_