

Anita Cooper-Marquez, LMFT

CREDIT CARD AGREEMENT

Please Note: New Clients are required to keep a valid credit card number on file. Please complete the following information and provide your credit card to me at your initial session. All Information will remain confidential

Card Type: MasterCard Visa American Express Other: _____

Name as shown on card: _____

Card Number: _____

3-Digit Security Code: _____

Billing Zip Code associated with the card: _____

Expiration Date: _____

This card may be charged for regular session fees (at your request and as a convenience to you), fees for cancellation without 24-hour notice (according to policy signed at onset of therapy), or delinquent session fees (not paid at time of session, check fees, etc.)

Agreement: "I _____ (printed name) have read and understand the terms of providing credit card information and that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered."

Client Signature: _____ Date: _____