

## Credit Card Agreement

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 your counselor at the initial session.

Credit Card Type: MC, Visa, Amex, Other: \_\_\_\_\_

**Is this card linked to a Health Savings Account (HSA)? Yes No**

Name as shown on card: \_\_\_\_\_

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

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

3-digit security code on the back of the card: \_\_\_\_\_

Billing zip code associated with the card: \_\_\_\_\_

This card may be charged for:

- Regular session fees (at your request, as a convenience to you).
- Fees for cancellation without 24 hours' notice (Service Agreement).
- Delinquent session fees (fees more than 30 days overdue).

Agreement: "I \_\_\_\_\_ (print name) have read and understand the terms of providing my credit card to Sacred Art Counseling and Wellness, LLC. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered."

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If client is under 18 years old)