

# Credit Card Information

The undersigned hereby authorizes Jennine Estes, and interns of Jennine Estes, to charge my credit card (provided below) for the amount of the therapy session if there is an outstanding balance more than 30 days after issuance of an invoice.

**A current credit card number must be on file at all times, regardless of your preferred method of payment.** Your card will not be charged if you pay by cash or check by the time your payment is due.

All paid invoices are emailed to the card holder at time of charge.

The credit card to remain on file is:

1. Please Circle:      MasterCard      Visa      AMEX      Discover

2. Card Number: \_\_\_\_\_

3. Expiration Date: \_\_\_\_\_

4. Security Code: \_\_\_\_\_

5. Name as appears on the card: \_\_\_\_\_

6. Billing Address with zip code: \_\_\_\_\_

\_\_\_\_\_

7. Signature of card holder: \_\_\_\_\_



**The Undersigned understands and agrees to be bound to such agreements as outlined in this document. Please provide your signature below. If there is more than one adult participating in treatment, both must sign below.**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_