

Credit Card Agreement Form

An active credit card number must be held on file in order to receive services.

This card will be used as payment for insurance co-payments, late canceled or missed appointment fees, clients who are self-pay, or for balances over 60 days.

Please note that a small transaction fee will be charged along with the session fee (swiped = 2.7% / keyed = 3.5% + \$0.15).

I understand that payment will be rendered at the start of the visit. _____ (*initials*)

Advance Payment Option

A 15% discount is offered to those who choose to schedule and pay in advance for 10 or more appointments.

Example: 10 Individual Counseling sessions at \$130.00 x 15% = \$195.00 saved

I would like to participate in the *advance payment option*: ____ Yes ____ No

Credit Card Number: _____ Circle One: Visa MC Discover

Expiration Date: _____ Security Code: _____ Name on Card: _____

Billing Address if different than home address:

I authorize Theresa M. Cukierski, LLC to bill the card on file for fees on my account as listed above at the end of the week.

Signature of client or client's parent/guardian

Date