



magnolia

counseling group

I _____ give _____ permission to charge full payment for therapy sessions as well as charges for missed appointments and necessary service fees to the credit card listed below. This agreement will terminate when services are no longer being rendered by the aforementioned.

Credit Card Number: _____

Expiration Date: _____

VCode: (last 3 numbers on the back side of the card): _____

Address where Credit Card Statement is mailed:

Zip Code of the Credit Card Holder: _____

Signature: _____

Date: _____