

# *Palms Pointe Counseling, LLC*

## *Payment Information Form*

Due to our cancellation/missed appointment policy, we must collect a credit/debit card to be kept in each client's confidential file.

I \_\_\_\_\_ authorize Palms Pointe Counseling, LLC to charge my below listed credit/debit card, not to exceed the amount shown below (unless explicitly authorized in writing) for services rendered:

**Amount:** \_\_\_\_\_ USD

**Credit Card Type:** (circle one) : VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS

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

**Security Code** (found on the back of the card): \_\_\_\_\_

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

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

(Please do not write below, for company use only)

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_