

Credit and Debit Card Payment Agreement

Client: _____

Credit or Debit Card Information

Credit / Debit Card: Visa MC American Express
(Circle One)

Name on Card: _____

Billing Zip Code: _____

Card Number: _____

Expiration Date: _____

Security Code or PIN: _____

I understand that credit information will be kept on file with Joe Broome, LMHC, In It Together Therapy, and that each transaction is subject to obtaining an authorization number from the corresponding bank which holds the card. My card will be charged for the client responsibility balance due unless otherwise specified.

My signature below authorizes Joe Broome, LMHC and In It Together Therapy to utilize this payment method as specified above.

X _____

Date _____



In It Together Counseling
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