

### Contact Information & Credit Card Authorization

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_

#### Credit Card Information

Kendra Twitty Counseling and HOPE accepts cash, check, Venmo, PayPal, and any charge as methods of payment. Regardless, it is necessary for Kendra Twitty to keep a charge card on file. Please provide that information below. There will be a 3% credit card processing fee per charge.

I authorize Kendra Twitty to keep my signature of file and to charge fees, or partial fees, to my credit or debit card account for services scheduled or provided. I understand that this authorization is valid until therapy terminates. I agree that if I have any problems or questions regarding charges to my account, I will contact Kendra Twitty for assistance. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Kendra Twitty and those attempts have failed.

Cardholder Name \_\_\_\_\_

Client's Name \_\_\_\_\_ Relationship to Cardholder \_\_\_\_\_

Type of card    Visa    MasterCard    Discover    American Express

Credit Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_

V-Code \_\_\_\_\_ ( 3-4 digit number printed on the back of your card)

Zip Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_