

Rebecca Redwood, LCSW
4131 Spicewood Springs Road, K-6
Austin, TX 78759
redwood@sbcglobal.net

Phone (512) 879-7366

Fax (512) 345-8083

Credit Card Information

Please provide the required information about the credit card you will use to pay any fees for missed appointments or to make payments on your account.

Type of Credit Card (Circle): Visa Master Card

Credit Card Number _____

3-4 digit Security Code _____ Expiration Date _____

Name as printed on card: _____

Billing Address for credit card: _____

By my signature below, I grant Rebecca Redwood, LCSW my permission to charge the account described above for missed session fees.

_____ Date _____
Signature

Printed Name _____

Optional – Line through if you do not wish to grant this permission.

By my signature below, I grant Rebecca Redwood, LCSW my permission to charge the account described above for any outstanding balance, subject to the provisions of my and Mrs. Redwood's contractual agreement with my insurance company, if any, on a monthly basis.

_____ Date _____
Signature

Printed Name _____