



The Place Within

A Nonprofit Counseling Center

Credit Card Agreement

Please note: new clients are required to keep a valid credit card number on file. Please complete the following information and provide your credit card to the counselor at your initial session.

CC Type: MC Visa Amex Other _____

Name as shown on card _____

CC Number _____

CC Expiration Date _____

3-digit security code on back of the card _____

Billing Zip code associated with the card _____

This card may be charged for:

___ Regular session fees (at your request, as a convenience to you)

___ Fees for cancellation without ___ hours notice (according to a counselor's policy)

___ Delinquent session fees (fees more than 30 days overdue)

"I _____ (print name) have read and understand the terms of providing my credit card to The Place Within. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered. I understand that my credit card information will be kept in a secure location."

signature

date