

Credit Card Information and Consent

Melanie Arons Counseling and Consulting, LLC

I, _____ authorize Melanie Arons Counseling and Consulting, LLC to charge my credit card for any session fees (including any charges not covered by insurance, deductibles, or co-pays) with either my permission or 24 hours after a verbal, text, or email warning has been issued for an outstanding payment. I also will pay and authorize all credit card service fees (currently 3.5%) to be charged on my credit card. I understand that my information will be saved to file for future transactions on my account. I agree that I am an authorized user of this credit card and will update my card information following any change.

My credit card information is as follows:

Card Type: MasterCard VISA Discover AMEX
 Other _____

Name on card _____

Card number _____

Expiration date _____

Cardholder ZIP Code (from credit card billing address): _____

CVV# _____

Cardholder signature _____ Date _____

Legal Guardian signature if client is under 18 years old

_____ Date _____