

*Rita Etter, LCSW-C, LCSW, LICSW*  
966 Hungerford Drive. #7A (1<sup>st</sup> Floor)  
Rockville, Maryland 20850  
703-951-7002

**Authorization for Credit Card Payment**

Name(s) of Client(s): \_\_\_\_\_

Cardholder's Name (as it appears on card): \_\_\_\_\_

Type of Card (circle one): Visa    Mastercard    Discover    American Express

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

Expiration Date: \_\_\_\_\_ CVV Code (3-digit number on back of card): \_\_\_\_\_

Cardholder's Billing Address including zip code:

\_\_\_\_\_  
\_\_\_\_\_

How you would like receipt delivered (Circle One):    Hardcopy    Email    No Receipt

I hereby authorize Plumeria Counseling Center, LLC (Rita Etter, LCSW-C) to charge my credit card or credit card on file for therapy services rendered if not paid at the time of service. Upon your authorization, credit card will be automatically billed for services, including session and late cancel / no show fees.

**(24-hour late cancellation policy is in effect and the charge for late cancel/no show is \$130.00).**

Credit card information will be kept secure and confidential.

By signing below, I authorize Plumeria Counseling Center, LLC (Rita Etter, LCSW-C) to charge my credit card for all sessions, late cancellations, or no show appointments. I understand this authorization will remain in force until Rita Etter, has received written notification from me of its termination.

\_\_\_\_\_  
**Signature of Cardholder**

\_\_\_\_\_  
**Date**