

Plumeria Counseling Center, LLC

Rita Etter, LCSW-C
7643 Leesburg Pike
2nd Floor
Falls Church, VA 22043
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:

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. 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)***. 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