

Julie K Play Therapy

CREDIT CARD CONSENT FORM

I hereby authorize **Julie K Play Therapy** to keep my signature and credit card information on file and to charge my credit card account below for the cost of any services provided to me or my family.

Julie K Play Therapy assures that this information will remain secure and confidential.

Client name(s): _____

Cardholder name: _____

Cardholder address: _____

City _____ State _____ Zip _____

Visa

MasterCard

American Express

Discover Card

Last 4 Digits of Card: _____

Expiration date: _____

Cardholder Signature: _____ Date: _____

Complete Card Number: _____

(Once your card number has been entered into our secured, encrypted system, this portion of the form will be destroyed)