

## **CREDIT CARD PAYMENT FORM**

In order to better serve your needs, Benjamin Counseling Center allows for payment by using your Visa or MasterCard. Please complete the following information below.

Type of Card (Visa/MasterCard) \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Account number on the card: \_\_\_\_\_

Expiration date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Card holder's Zip Code: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Card holder's Email Address: \_\_\_\_\_

My signature as found here grants permission to Benjamin Counseling Center to use the provided credit card information above to pay for services rendered. I am fully aware that my credit card will be charged **\$60.00** for **all no-shows or cancellations made less than 24 hours in advance of my scheduled appointment with NO exceptions.**

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_