

**CREDIT CARD INFORMATION**

Please provide the required information about the credit card you will use to pay any fees for missed appointments or to make payments on your account.

Type of Credit Card: \_\_\_\_\_ Visa or \_\_\_\_\_ Master Card

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

3 Digit Security Code on Back of Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as printed on Card: \_\_\_\_\_

Billing address for Credit Card: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I grant Stacie Crochet, LCSW my permission to charge the account described above for missed session fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CANCELED APPOINTMENTS:** Please remember that without a full **48**-hours notice, your credit card will be billed for **full payment** of your missed session. A missed session cannot be billed to insurance. If you do have to cancel an appointment, you may leave a confidential message 24 hours a day, seven days a week at 512-921-5925.