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### Credit/Debit Card Payment Consent Form

Client Name \_\_\_\_\_

Name on Card if different \_\_\_\_\_

I authorize Amanda Bevacqua, LMFT and ProfessionalCharges.com to charge my card for professional services as follows:

\_\_\_\_ To charge my card for the balance of fees not paid by my insurance company or myself within 90 days. This includes any no show fees. (initial on line above)

Type of Card (circle one): VISA MasterCard Discover

Card Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_

CVV Number \_\_\_\_ (3 digit # from back of card)

Card Holder's Billing Address for Monthly Card Statements  
\_\_\_\_\_

Card Holder E-mail Address \_\_\_\_\_

A credit card receipt that does not contain the full credit card number will be e-mailed to you at the email address above.

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_