



- Gathered Connections Counseling

Payment Method Details

Name on Card:

Card Number:

Card Expiration

Card Expiration Month: **Card Expiration Year:**

Security Code:

Billing Address Line 1:

Billing Address Line 2:

Billing Zip:

Billing City/State:

Acknowledgment

The practice may utilize my payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization.

Signed By

Client's Name: _____ Date: _____

Client's Signature: _____ Date: _____

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