

Contact Information & Credit Card Authorization

Date ____/____/____

First Name _____ Last Name _____

Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

Employer _____

Primary Care Doctor _____

Credit Card Information

Kendra Twitty Counseling and HOPE accepts cash, check, Venmo, PayPal, and any charge as methods of payment. Regardless, it is necessary for Kendra Twitty to keep a charge card on file. Please provide that information below.

I authorize Kendra Twitty to keep my signature of file and to charge fees, or partial fees, to my credit or debit card account for services scheduled or provided. I understand that this authorization is valid until therapy terminates. I agree that if I have any problems or questions regarding charges to my account, I will contact Kendra Twitty for assistance. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Kendra Twitty and those attempts have failed.

Cardholder Name _____

Client's Name _____ Relationship to Cardholder _____

Type of card Visa MasterCard Discover American Express

Credit Card Number _____

Exp Date _____

V-Code _____ (3-4 digit number printed on the back of your card)

Zip Code _____

Cardholder Signature _____