Credit Card Information

The undersigned hereby authorizes JLM Marriage and Family Therapy Inc. and the office of Jennifer L Manderscheid, MFT to charge my credit card (provided below) for the amount of the therapy session, or co-pay, if there is an outstanding balance more than 30 days after issuance of an invoice.

I understand that by signing this authorization, I give JLM Marriage and Family Therapy Inc. and the office of Jennifer L Manderscheid, MFT permission to charge my credit card in the amount of the "full session fee" for a missed appointment without notice or any cancelled appointment that is within 24 hours of the scheduled time. I understand that this amount can be charged on the day of the missed appointment.

A current credit card number must be on file at all times, regardless of your preferred method of payment. Your card will not be charged if you pay by cash or check by the time your payment is due. All paid invoices are emailed to the cardholder at time of charge.

The credit card to remain on file is:

•	Please Circle:		
	MasterCard	Visa	Discover
•	Card Number:		
•	Expiration Date & Zip Code of card:		
•	Security Code:	(3 digits on back	of card)
•	Name as appears on the card	l:	
•	Billing Address with zip coo	le:	
•	Signature of card holder:		
The Undersigned understands and agrees to be bound to such agreements as outlined in this document. Please provide your signature below. If there is more than one adult participating in treatment, both must sign below.			
SIGNA	ΓURE:	I	DATE:
PRINT	NAME:		