

# *Studio For Change*<sup>®</sup>

## Client Credit Card Payment

Type of Card (check one):  Visa  MasterCard  Discover

Name on Card (please print): \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Three Digit Security Code (on back): \_\_\_\_\_

Billing Amount: \_\_\_\_\_

Card Holder's Billing Address:

\_\_\_\_\_

Street

\_\_\_\_\_

Apartment, Suite #

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Card Holder's Signature

\_\_\_\_\_

Today's Date

I hereby understand that this credit card information is to remain on secure file with Studio For Change until the termination of treatment; All treatment charges will be billed with this credit card unless I request otherwise \_\_\_\_\_ (Card holder's initials)

Name of Treating Therapist: \_\_\_\_\_