



To offer flexible payment options for my clients, I accept both MasterCard and Visa. By signing the line below, you agree to have your credit card information securely stored by Dr. Jason Prendergast, LPC until your file has been closed. *You also authorize Edify Creative Counseling, or billing representative, to charge your credit card for any outstanding financial responsibilities. Charges may be made for session fees, no show/late cancellation fees, or report writing/consultation fees.*

Signature

Date

1. First and Last Name as it appears on the credit card:

First Name

Last Name

2. Card Type: Visa MasterCard

Card Number: _____

Expiration Date: _____ Card Verification Code: _____

3. Payment Schedule:

_____ Make a one-time payment of \$_____

_____ Make a recurring payment of \$_____ after each session or for no shows/late cancellations *Appointments must be cancelled with at least 24 hours notice to avoid late cancellation fees.*

_____ Other/Special Instructions:

4. Billing Address:

_____ My billing address is the same as that on my intake paperwork

_____ Use this billing address: _____

5. Contact Information:

Email Address: _____

Phone Number: _____