Molly Carr, AMFT

801 Alhambra Blvd, Suite 1 | Sacramento, CA 95816

916.407.4410 | mollycarr.counseling@gmail.com | Supervised by Annie Temple, LCSW

CREDIT/DEBIT PAYMENT CONSENT FORM

CARDHOLDER INFORMATION

FULL NAME (AS ON CARD):

BILLING ADDRESS:

CITY: STATE/PROVINCE:

POSTAL CODE: COUNTRY:

EMAIL:

WEBSITE:

CARD DETAILS

CARD TYPE:

CARD NUMBER:

EXPIRATION DATE (MM/YY):

SECURITY CODE (CVV):

I understand that Molly Carr, AMFT provides psychotherapy services under the clinical supervision of Annie Temple, LCSW, and that Annie Temple, LCSW is the licensed provider responsible for billing and payment processing. I authorize Annie Temple, LCSW to charge my credit card, debit card, or health account card on file for professional services forty eight hours prior to my scheduled appointment. I understand that if I do not cancel at least forty eight hours in advance, my card will be charged for a late cancellation or no show. I acknowledge that I am responsible for the full session fee for services rendered.

I verify that the payment information I have provided is accurate to the best of my knowledge. I understand that if this information is incorrect, fraudulent, or if payment is declined, I am responsible for the full balance owed, including any additional fees or costs incurred. I also understand that if payment is not received and no alternative payment arrangement is made within thirty days, the outstanding balance may be sent to collections.

Signature: _____ Date: _____