



Credit Card Processing Permission

Client Name:

Name on Credit Card (if different from client):

Fee (per session): _____

Method of Payment: Visa Mastercard AmEx Discover

Card #:

Exp. Date: _____ CVC Code: _____

Billing address (must match the address the credit card company has on file):

Address:

_City: _____ State: _____

Zip: _____

I authorize Carrie Wilkerson to keep my credit card information confidentially filed with my session records to use as payment for each of my sessions unless another form of payment is provided or requested. I understand I must provide cash or check should my credit card be declined.

Signature:

_Date:

Phone Number:
