A NEW DAWN PSYCHOTHERAPY

 Bonnie L. Gertz, MA, LPC, LAC

 CREDIT CARD INFORMATION

I use a credit card service called Square.com to allow clients to pay for sessions using their card. However, this service takes $2.75 from every $100 charge it processes. If you wish to pay by credit card, there will be an added fee to cover this service charge of 2.75%. Your card will be processed at the end of the session and you will be asked to sign on my cellphone using the Square app. Other forms of payment are cash or check.

Please provide your credit card information below, even if you prefer not to use your credit card for payment.\* This information will be utilized in case of no-shows or late cancellations (less than 24 hour notice per cancellation policy). In those situations, your card will be charged the full fee you are currently paying for therapy sessions.

By signing this form, you consent to use your credit card for session payment, and/or to cover no-shows or late cancellations according to the above statements.

NAME ON CREDIT CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF CREDIT CARD: Visa\_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCV CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS FOR CREDIT CARD STATEMENTS:

ZIP CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Your credit card information will be kept secure, and I am the only person who will have access to it.