

EVOLVE COUNSELING, LLC/Kelly Coté ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the card you wish to use for all services rendered through this practice. Charges for services rendered will be deducted from the card designated below at the time of service unless otherwise discussed and mutually agreed upon. We accept: Visa, Master Card, Discover, and American Express.

CLIENT INFORMATION:

Client Name:

BILLING INFORMATION:

Please indicate the information associated with the card you wish to use. I will be using:

debit credit

Name as it appears on the card:

Relationship to cardholder: _____ Cardholder Phone: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

DEBIT OR CREDIT CARD INFORMATION:

Please provide your payment information below. Your card information will be securely encrypted and stored.

Card (circle one): Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: _____

CVV code (last three digits on back of card, four digits on front if AmEx): _____

I authorize the use of this card for all services and fees at the time they are rendered for the following parties:

EVOLVE COUNSELING, LLC/Kelly Coté

I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service. *By authorizing use of this card and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

I understand that charges for services may be listed under *BT, Braintree, Therapy_Svcs, TheraNest, Evolve Counseling, LLC, or other similar names. Evolve Counseling, LLC does not have control over how the service is listed.

Cardholder Signature

Date