

JEFFREY D. RISSER, L.C.S.W.

2600 E. BIDWELL, SUITE 180 | FOLSOM, CA 95630 | 530-208-8684
JDRCOUNSELING@GMAIL.COM

CREDIT CARD AGREEMENT

Please note: New Clients are required to keep a valid credit card number on file. Please complete the following information:

CC Type: MC () Visa () Amex () Other: _____

Name as shown on card: _____

CC Number: _____

Expiration date: _____

3-digit security code on back of the card: _____

Billing zip code associated with the card: _____

This card may be charged for:

- ✓ Regular session fees (at your request, as a convenience to you)
- ✓ Fees for cancellation without 24 hours notice – \$50 for first cancel, full amount for additional cancellations
- ✓ Delinquent session fees (fees more than 30 days overdue)

Agreement:

“I _____ (print name) have read and understand the terms of providing my credit card to Jeffrey D. Risser. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered.”

Signature of Cardholder

Date