

Metropolitan Marriage & Family Therapy, PLLC

Succeed at Your Relationship and Your Life!

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Credit Card Use Consent and Agreements

Provider Name and ID: _____

Case Identifier: _____

You are required to have a Credit Card on file to ensure timely collection of payment on any open balances.

I agree to be charged for any open balances accrued in my account with MMFT including Late Cancellations, No-Shows, Late Payments, Bounced Checks, Over the Limits, Large Charges fees and other stipulations as outlined in my Services Agreement Contract.

I understand that should my card be declined when running it for my full balance, that MMFT reserves the right to run the card in smaller installments until the full balance is paid. Further, I understand and agree to a \$5 charge per declined payment.

I agree to the terms and conditions above:

X

Date: _____

PLEASE PRINT NEATLY

Name as appears on credit card: _____

Type of Card:

- Visa
- Master Card
- Discover
- Amex

Security Code:

Card #: _____

Expiration Date: _____