

HOPE In Home Counseling, LLC

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727-612-3343

I, _____ by signing this document, authorize
(Name as it appears on Credit Card)

Kathleen Rodriquez, LCSW of HOPE In Home Counseling, LLC to charge my credit card for a counseling(s).

She will notify me of the fee amount and date prior to the use of the card number.

Credit card number:

Expiration date:

CVV:

Billing Zip code:

Signature _____ Date _____