

Sandra Elder, MS NCC LPC
721 Dresher Road, Building 1
Suite 1200
Horsham, PA 19044
(267) 474-0789

I am requesting that all clients have a current credit or debit card number on file. This card will be only be charged in the event that you have an outstanding balance on your account that is not met within 30 days of the statement date OR if you cancel less than 24 hours of your next appointment.

Please let me know if you have any questions about this.

Credit Card Information (please print)

Client
Name _____

Name on
Card _____

Card
Number _____

Three/Four Digit
Code on front/back of
card _____

Expiration
Date _____

Billing Zip Code _____

I authorize Sandra Elder, MS NCC LPC to bill my credit or debit card in accordance with the terms stated above.

(Signed)

Date
