

CRANE COUNSELING, LLC
7313 Millwood Road
Bethesda, MD 20817
Office: 301.370.9794
EIN: 45-2263500
Website: cranecounselingllc.com

Credit Card Payment Form

Client Name (and, if different) Name on Card:

Circle One: Visa MasterCard American Express Discover

Credit Card Number: _____

Exp: ___/___ Sec Code _____ Billing Zip Code: _____

I, _____ give permission to Crane Counseling, LLC to charge my card
(client's name)

for missed appointment without 48 hours notice of cancellation. I wish to keep the last card submitted to Crane Counseling, LLC (a Visa/MasterCard/American Express/Discover, ending in _____) as the card on file for all other missed appointments and fees.

I understand that I can find fee information and policies at www.cranecounselingllc.com or at the office. I also understand that I may choose to instead pay by cash or check, but that my card will be kept on file for any outstanding charges. I understand that if at any time, I choose to pay with a different card than the one listed on this form, I must submit the request in writing to Crane Counseling, LLC.

Client Signature _____

Date _____