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CREDIT CARD AGREEMENT

New clients are required to keep a valid credit card number on file. Please complete the following information and provide your credit card at your initial visit.

CC type: MC Visa Amx Other: _____

Name as shown on card: _____

CC Number: _____

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

Billing zip code associated with the card: _____

Expiration Date: _____

This card may be charged for:

_____ Regular session fees (at your request, as a convenience to you)

_____ Fees for cancellation without 24-hour notice (according to policy)

_____ 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 Ann Schiebert, PsyD. 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

_____ Date