

Ann Schiebert, PsyD  
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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