

Credit/Debit Card Payment Consent Form

Client Name _____
Print Last First Middle Initial

Name on Card if different _____

I authorize Christy Lincoln, LCPC to charge my card for professional services as follows:

Initial _____
_____ Recurring charges, not to exceed \$_____, per visit.

Type of Card: VISA MasterCard Discover

Exp. Date ____/____/____

Card Number ----- _____

DVV Number _____ (3 digit # from back of card)

Card Holder's Billing Address for Monthly Card Statements

Street City State Zip

Card Holder Signature _____ Date ____/____/____

***PO Box 876
Sterling, IL 61081
773-386-4414***