

*Compassion Counseling Services, PC*  
488 West Center Street, Suite 2, West Bridgewater, MA 02379

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## Credit Card Payments Agreement

Compassion Counseling Services, PC uses a highly secure online credit card payment system. We can accept all major credit cards. By signing the line below, you agree to have your credit card information securely stored by Compassion Counseling Services, PC until your file has been closed. You also authorize your therapist, or billing representative to charge your credit card for any outstanding financial responsibilities over 30 days past due. Charges are typically made for such items as copayments, no show/late cancellation fees, and deductible payments.

\_\_\_\_\_  
Client Signature/Guardian Signature if under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Client Name

1. First and last name as it appears on your credit card:

\_\_\_\_\_  
First

\_\_\_\_\_  
Last

2. Card type (please circle):      Visa    Mastercard    Other: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Verification Code: \_\_\_\_\_

The verification number is a 3-digit number printed on the back of your card.  
It appears after and to the right of your card number.

3. Payment Schedule: Make a recurring payment of \$\_\_\_\_\_ after each session for my copayment.

4. Billing Address:

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Financial Contact Information

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_