



Turning Point Counseling

TENDER HELP FOR TOUGH PROBLEMS

- Marriage, Family and Parenting counseling
- Counseling adults, children, and adolescents
- Graduate internship programs
- Consultations, workshops, and seminars

Credit Card/Debit Payment Agreement

Client Name: _____ (PLEASE PRINT)

Therapist Name: _____

I authorize the administrative staff of Turning Point Counseling to charge the listed credit card for future services provided by the therapist named above starting _____ (date). Authorization is good until _____ (date).

Credit Card Information

Type: _____ (We DO NOT accept Discover Card)

Card Number: _____ - _____ - _____ - _____

**Security Code: _ _ _ (on the back of the card)

Expiration Date: _____ / _____

Name as is appears on Card: _____

Client Signature: _____ Date: _____

Cardholder Signature: _____ Date: _____
(If different from client)

** Required

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