

Studio For Change®

Credit Card Payment Form

Type of Card (circle one): MasterCard Visa

Name on Card (please print): _____

Card Number: _____

Expiration Date: _____ 3-Digit Security Code (on back): _____

Card Holder's Billing Address:

Street

Apartment, Suite #

City

State

Zip Code

Card Holder's Signature

Today's Date

I understand that this credit card information is to remain on secure file with Studio For Change until the termination of treatment. All copay, co-insurance, missed appointment fees and/or treatment charges will be billed with this credit card unless I request otherwise (**Card holder's initials**)

Therapist Name: _____