

The Empowerment Group, LLC

10201 S 51st St, suite 130

Phoenix, AZ 85044

Credit or Debit Card Counseling Payment Form

Date: _____

Therapist: _____

Client Name: _____

Parent Name if Client is Minor: _____

Address for Billing Purposes:

Phone: _____

Credit or Debit Card Number (VISA, Mastercard or AMEX) :

Expiration Date: _____ **CCV (code on the back):** _____

By signing this form, I agree that The Empowerment Group, LLC is given permission to charge this listed card for services rendered with The Empowerment Group, LLC, which may include no show or cancelation charges. Should there be any concerns with billing I will contact The Empowerment Group, LLC in writing.

Signature: _____