

**The Empowerment Group, LLC**

**10201 S 51<sup>st</sup> Street, 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: -**

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**Phone:** \_\_\_\_\_

**Credit or Debit Card Number (VISA or MasterCard) :**

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

**Three digits on back of card:** \_\_\_\_\_

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:** \_\_\_\_\_ **Date:** \_\_\_\_\_