



Credit Card

Effective immediately, **this practice will require all clients to keep a valid credit card on file in case of delinquent payments** (more than 30 days past due with no plan for payment) or no-show fees (cancellation with less than 24 hours notice). For your convenience, this card can also be used for regular session fees. Many clients prefer this because it allows them to not have to worry about remembering payment. I am happy to accommodate your preference. Please let me know your preference by choosing one of the following.

_____ I prefer to pay for my sessions with another method (cash or other card).

_____ I prefer to pay for my sessions with my credit card on file.

CC Type: Visa , Amex , MC

Name on Card _____

Card Number _____

Card Expiration Date _____

3-digit security code _____

I have read and understand the terms of providing my credit card to April Gabriel-Ferretti. I have asked for any clarification needed. I also know that my card will be kept in a secure and confidential location.

Client: _____ Date: _____