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Confidential Credit Card Information
IF USING A CREDIT CARD

The credit card information that is provided is kept in a locked file cabinet.

Name: _____

Billing Address +zip: _____

Card Type: _____

Number: _____

Expiration Date: _____ CVV: _____

1. I authorize Dr. Kelley Baker and Administrative Assistant to charge the above credit card if I have a balance owed on my account.
2. I agree that if I do not show for an appointment and cancel in less than twenty-four hours my credit card will be charged the fee for the missed session.
3. I understand that I will receive a statement showing the services for which I have been charged within a reasonable timeframe.
4. I understand that if my services are paid from a retainer account and I have signed policies stating replenishment is due when the balance in the account reaches the said amount according to the policies, my credit will be charged to replenish the account. This replenishment will be reflected in the statement that I receive.
5. I understand that it is my responsibility to inform Dr. Baker or her administrative assistant in writing that I need to change the credit card on file or that I would like to establish a different method of payment for the services and/or court fees.
6. I understand that utilization of this card a fee of 1.4% fee.

Client Signature: _____

Date: _____