

Core Discovery Counseling, Inc.

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CREDIT CARD PAYMENT RECORD

Client Name as it Appears on Card: _____

Card Number: _____ Expiration Date: _____

Credit Card Billing Information: _____

Street Number

Zip Code

Security Code

Security Code on Card (3 or 4 numeric digits): _____

Client Signature: _____

Signature indicates that you agree to allow your therapist to make charges on your card without you present.

Therapist's Name: _____

<u>Description of Service</u> (e.g., 90847)	<u>Date of</u> <u>Session</u>	<u>Date</u> <u>Posted</u>	<u>Amount</u> <u>Posted</u>	<u>Authorization</u> <u>Code</u>	<u>Recorder's</u> <u>Initials</u>