**Pinholster Family Counseling**

**For your convenience, you have the option to leave a credit card number on file. This can be helpful for parents of minor clients or for adult clients who do not wish to go through the check-out process at each visit. All credit card information will be carefully protected, and kept with client chart in a double-locked box *and* in a locked room. By placing your credit card on file, you also authorize Pinholster Family Counseling to charge for any missed sessions that are not cancelled within the agreed upon 24 hour notice.**

**Credit Card type # number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature indicates agreement with above terms.**