

Evolve Internal Wellness & Counseling, LLC
Jessica Carreiro, LICSW
www.evolveinternalcounseling.com

Automatic Credit Card Payment Authorization

Jessica Carreiro, LICSW of Evolve Internal Wellness and Counseling, LLC requires that a credit card be kept on file.

Your name: _____

Name as it appears on the credit card: _____

Credit Card Number: _____

Expiration Date (mm/yy): _____

Security Code: _____

Billing Zip Code: _____

I authorize Jessica Carreiro, LICSW of Evolve Internal Wellness and Counseling, LLC to use automatic credit card billing for the balance of any outstanding accounts that are not settled within 60 days of service. I understand there is a 3.5% plus \$0.15 fee associated with making a credit card payment for a 60 days past-due balance. I understand this fee may change without notice.

Signature

Date