

# Green House Group, PA

## Psychotherapy and Consultation

### CREDIT CARD INFORMATION FORM

Client Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

Card Type: Visa\_\_\_\_\_ MasterCard\_\_\_\_\_ Discover\_\_\_\_\_ AmEx\_\_\_\_\_

Is this an HSA/FSA card? Yes\_\_\_\_\_ No\_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit code\_\_\_\_\_ (on back)

Payment amount: \_\_\_\_\_ (USD)

**Note: Once information is entered into our credit card processing system, this document will be shredded.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_