



## **PAYMENT POLICY**

Due to a recent change in my credit card service provider, a few changes have been made to my payment policy.

Payment for services is collected same day as service. I accept cash and check. If you choose to use a credit card, I will need to keep the card on file due to the new system. This credit card will also be automatically charged for No Show or Less than 24 hour cancellations. This is not a new policy as a credit card has been required to be held on file prior to this notice for that purpose.

I understand many times credit card is the payment of choice. If you choose to use a credit card, a 3.5% technology fee is passed along per transaction. Again, cash and check are accepted. Please make checks payable to Stacey Rosas LCSW, PLLC.

**Please complete the information below if you are opting to use a credit card for payment.**

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

CARD EXPIRATION DATE: \_\_\_\_\_

CVV (3-DIGIT CODE): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**By signing, I authorize use of the credit card listed above for payment to Stacey Rosas LCSW, PLLC and acknowledge all information noted in this document.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_