

Lynda Griffin Bull, LPC, PLLC
Turning Point Professional Counseling
10505 N. 69th St. Suite 200
Scottsdale, AZ 85253

CREDIT CARD PAYMENT FORM

CREDIT CARD INFORMATION		
Patient Name:		
Name as it appear on Credit Card (if different):		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover		
Credit Card Number: _____ --- _____ --- _____		
Expiration Date:	CVC2 Code:	
I authorize Lynda Griffin Bull, LPC, PLLC to charge my credit card for all unpaid visits in the next 12 months beginning ____/____/____.		
Signature:	Date:	
CREDIT CARD BILLING ADDRESS		
Street Address:		
City:		
State:	Zip/Postal Code:	Country:

Email Address where you would like receipt sent: _____

**Late Cancellations/Missed Appointments.* Fees are applied at the stated hourly rate. Patients must sign a debit/credit card form which is kept on file for this purpose.

Client/Parent Initial _____ Spouse/Other Parent Initial _____

I authorize Lynda Griffin Bull, LPC, PLLC to charge my credit card for any fees/balance owed including missed appointments. Charge fees/balance to the following credit card:

Client/Parent Initial _____ Spouse/Other Parent Initial _____

Email Adress: _____