

Greene Psychology Group

901 Paverstone Drive, Raleigh, NC 27615 – 919-818-4284

CONSENT FOR CREDIT CARD PAYMENT

Name (as it appears on card): _____

Billing Address and Zip Code: _____

Telephone Number: _____ Email: _____

Client Name (if different): _____

I authorize Laura Greene, Psy.D., PLLC to charge my credit card for: (please initial)

____ Session fee in the amount of _____ per transaction.

____ A one-time payment in the amount of _____.

____ Other (Please specify): _____

Type of card: (please circle)

MasterCard

Visa

Credit Card Number: _____

Expiration Date: ___/___

CVV number: _____

Cardholder Signature: _____ Date: _____

A receipt will be mailed to you.

THANK YOU FOR SELECTING GREENE PSYCHOLOGY GROUP

TERMS OF PAYMENT: PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED. OVERDUE BALANCES ARE SUBJECT TO A 15% MONTHLY LATE FEE. RETURNED CHECKS ARE SUBJECT TO A \$35.00 FEE. REFUNDS ARE NOT OFFERED ONCE SERVICES ARE RENDERED.