



HAVEN
COUNSELING COLLECTIVE

Credit/Debit Card Payment Consent Form

Client Name _____
Print Last First Middle Initial

Name on Card if different _____

I authorize Haven Counseling Collective and Square Point of Sale to charge my card for professional services as follows:

Initial

_____ Recurring charges, for \$ _____ per session.

Type of Card: VISA MasterCard Discover AMEX Exp. Date _____

Card Number _____ - _____ - _____ - _____ CVV Number _____

Card Holder's Billing Address for Monthly Card Statements

Street City State Zip

Email Address: _____

Card Holder Signature _____ Date ____ / ____ / ____