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Credit/Debit Card Payment Consent Form



Client Name: _____
Print Last First Middle Initial

Name on Card if different: _____

I authorize Dan Drake, LMFT, and ProfessionalCharges.com, to charge my credit/debit card for professional services as follows:

Initial

_____ This visit only, for the amount of \$ _____.

_____ All visits in the next 12 months, beginning ____ / ____ / _____,
not to exceed \$ _____ total.

_____ Recurring charges, date(s) of service ____ / ____ / ____ to
____ / ____ / _____, not to exceed \$ _____,
____ monthly, ____ semimonthly, ____ weekly, ____ per visit.

_____ **To charge my card as per my signed agreement with provider for any sessions in which I do not provide another form of payment, or for any late cancel or no show fee.**

Type of Card: Visa, MasterCard, Discover.

Card Number: _____ - _____ - _____ - _____,

CVV Number: _____
3-digit number in reverse italics
on the **back** of the credit card

Expiration Date: _____

Card Holder's Billing Address for Credit Card Statements:

Street City State Zip

If I have questions about these charges, I agree to contact my provider and if necessary ProfessionalCharges.com via e-mail (info@professionalcharges.com). I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by my provider.

Card Holder Signature: _____, Date: ____ / ____ / ____

*Charges will appear on your credit card statement as an abbreviation
of ProfessionalCharges.com, usually PROFCHARGE.*