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Credit Card on File Agreement

Client's Name: _____

Name of Cardholder: _____

*As it appears on card

Card Number: _____

Expiration Date: _____ / _____

Security Code: _____

Receipt:

None

Text: _____

Email: _____

Your card will only be charged after your session or missed appointment.

*I understand that I may have a deductible, copay or cancellation fee, and I authorize **Great Lakes Counseling and Wellness Center** to charge these fees to my account on a regular recurring basis/or for periodic services rendered to bring the client's account listed on this form to current.*

I understand it is my responsibility to monitor my credit card charges and verify that payments are processed properly. I also recognize it is my responsibility to contact my insurance company if I don't understand my deductible and/or copay.

Cardholder's Signature

Date