**Jessica Sauer, LCSW**
**Brand New Day Counseling, LLC**
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# CREDIT CARD PAYMENT CONSENT FORM

Client Name:_____

Full Name on Card:_____
PRINT LAST FIRST MIDDLE INITIAL

Card Type: AMEX MC Visa Discover

Card Number:_____ CVV:_____

Expiration Date:_____/_____

Card Holder Billing Address:_____
STREET CITY STATE ZIP CODE

I wish for my receipt to be sent to:_____
EMAIL ADDRESS OR CELLULAR TEXT INFORMATION

By signing below, I acknowledge that I authorize Jessica Sauer, LCSW of Brand New Day Counseling, LLC to keep my credit card on file and initiate recurring charges to my credit card indicated above for the total amount due each office visit. I also authorize charges for any additional fees that I may incur such as late cancellation and no show fees. I will be provided notice if the charges exceed $_____.

*This form has been fully explained to me and I certify that I understand its contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding this form fully.*

Cardholder's Signature _____ Date _____

Effective 12/10/2024