



## SUPPORTIVE PSYCHIATRIC SERVICES

[www.supportivepsychiatricservices.com](http://www.supportivepsychiatricservices.com)

Phone: 682 314 7353 | Fax: 682 323 2001

### CREDIT CARD AGREEMENT FORM

I agree to allow Supportive Psychiatric Services, LLC to run my debit/credit card for any unpaid balances each month. I further agree to allow Supportive Psychiatric Services, LLC to run my debit/credit card for any no-show fees and/or NSF( non-sufficient funds) bank charges at the time they are accrued.

#### Debit/Credit Card Information:

Visa, Mastercard, Discover, American Express\_\_\_\_\_

Name on the card\_\_\_\_\_

Number\_\_\_\_\_ Exp Date\_\_\_\_\_

3- or 4-digit code\_\_\_\_\_

Yes No - I want a receipt emailed to me.

Email Address\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Printed Name\_\_\_\_\_