



SUPPORTIVE PSYCHIATRIC SERVICES

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 _____