



200 S Church Street, Quarryville, PA 17566
(717) 806-5050 www.morningstarllc.org

CREDIT/DEBIT CARD FORM

In order to maintain efficiency for both our practice and our clients, we are offering the option of keeping your credit/debit card information in your secure electronic file to use for service fees and/or copays as services are rendered. Doing so will provide the convenience for our clients in not having to pay our staff during visits and allow you to maximize your time with your therapist, particularly when being seen in the evenings or during office hours in which an administrative assistant may not be present to collect fees before or after your session. In addition, it will allow us to maintain efficiency in collecting payments from clients after services are rendered for uncollected fees or fees not paid by your health insurance. This is simply an option, not a requirement. If you have any questions, do not hesitate to ask. Completing the information and signing below will indicate your consent to allow Morning Star Counseling to charge your account for services rendered. This will not compromise your ability to dispute a charge.

Client Name (Please print): _____

Name on Card: _____

Circle One:

Visa / Mastercard / Discover / American Express

Card #: _____ Exp. Date: _____

Please print email address if a receipt is desired for each transaction:

Email: _____

I hereby give my consent to Morning Star Counseling, LLC to charge my credit/debit card:

Client Signature: _____ Date: _____