

**CRANE COUNSELING, LLC**  
**7313 Millwood Road**  
**Bethesda, MD 20817**  
**Office: 301.370.9794**  
**EIN: 45-2263500/NPI: 1902293087**  
**Website: cranecounselingllc.com**

## **Credit Card Payment Form**

Client Name (and, if different) Name on Card:

\_\_\_\_\_

**Circle One:    Visa    MasterCard    American Express    Discover**

Credit Card Number: \_\_\_\_\_

Exp: \_\_\_/\_\_\_    Sec Code \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_

I, \_\_\_\_\_ give permission to Crane Counseling, LLC to charge my card  
(client's name)

for missed appointment without 48 hours notice of cancellation. I wish to keep the last card submitted to Crane Counseling, LLC (a Visa/MasterCard/American Express/Discover, ending in \_\_\_\_\_) as the card on file for all other missed appointments and fees.

I understand that I can find fee information and policies at [www.cranecounselingllc.com](http://www.cranecounselingllc.com) or at the office. I also understand that I may choose to instead pay by cash or check, but that my card will be kept on file for any outstanding charges. I understand that if at any time, I choose to pay with a different card than the one listed on this form, I must submit the request in writing to Crane Counseling, LLC.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_