

Sandra Vander Linde, MS LMFT
Licensed Marriage and Family Therapist
1502 Highway 54 West, Suite 505
Durham, NC 27707

Credit Card Information

Mastercard ____ Visa ____

Credit Card Number _____

Expiration Date _____

Name as it appears on the card _____

Billing Address for the card _____

I, _____, do hereby authorize Sandra Vander Linde to charge the credit card listed above for therapy services rendered. I understand my card will be charged the insurance co-pay amount or the amount agreed upon in the Client-Therapist Agreement. Missed appointments will be charged at the rate of \$50 for individual sessions and \$75 for couple sessions. Exceptions may be made for emergencies and illness.

Signature _____

Date _____