

Rabia Khan, LPC
Credit Card Payment Consent Form

Client Name

Client Billing Address

I authorize Rabia Khan, LPC, to charge my credit card for counseling services. I understand a 3% Service Fee is added to Credit Card payments.

Type of Card

Visa MasterCard American Express Discover

Is this card tied to a Health Saving Account? Yes No

Credit Card Number

CVV # _____ Expiration Date _____

Card Holder Signature _____

Date of Authorization
