

**SHARI PESCATORE, LPC
847 EASTON ROAD
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WARRINGTON, PA 18976
215-343-3091**

I am now requesting that all clients have a current credit or debit card number (MasterCard or Visa) on file. This card will only be charged in the event that you have an outstanding balance on your account that is not met within 30 days of the statement date OR if you cancel less than 24 hours of your next appointment.

Thank you.

Please let me know if you have any questions about this. Thank you.

Credit Card Information (Please print)

Client Name _____

Name on Card _____

Card Number _____

Three digit/four digit code _____
on front/back of card

Expiration Date _____

I authorize Shari Pescatore, LPC to bill my credit or debit card in accordance with the terms stated above.

(Signed) _____

Date _____