



Shores of Hope, PLLC

Card Holder Signature and Agreement

I, _____,
hereby authorize Shores of Hope, PLLC to charge my credit card for
current and future psychotherapy services performed. I also
authorize Shores of Hope, PLLC to charge my credit card for
sessions missed or cancelled without the agreed upon 24-hour
cancellation notice.

Type of Card: _____

Name on Card: _____

C.C. Number: _____

Expiration Date: _____ CVC Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____