

# Riverwalk Psychotherapy Associates, LLC

## CREDIT CARD AGREEMENT

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**Please Note:** New clients are required to keep a valid credit card number on file. Please complete the following information and provide your credit card to your therapist at the initial session.

Credit Card Type: MC, Visa, Amex, Other: \_\_\_\_\_

**Is this card linked to a Health Savings Account (HSA)?**

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

Name as shown on card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

3-digit security code on the back of the card: \_\_\_\_\_

Billing zip code associated with the card: \_\_\_\_\_

This card may be charged for:

- Regular session fees (at your request, as a convenience to you).
- Fees for cancellation without 24 hours notice (RPA Policy).
- Delinquent session fees (fees more than 30 days overdue).

Agreement:

"I \_\_\_\_\_ (print name) have read and understand the terms of providing my credit card to Riverwalk Psychotherapy Associates. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered."

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Signature

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Date