



Credit / Debit Card Information Form

Client Name: _____ DOB: _____

Name on Card if different than client: _____

Credit Card Number: _____

Exp Date: _____ / _____ CV: _____ Zip Code: _____

I authorize Oaks Family Counseling to charge my credit or debit card for counseling or related services 24 hours before the scheduled appointment.

Signature: _____ Date: _____

****Please bring this completed and signed form to your first session.
Never email forms that include credit card information. ****