

# Judy Keappler

Judy Keappler MA, MEd, LPC  
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## CREDIT CARD AGREEMENT

As a service to you, Judy Keappler LLC, Judy Keappler Counseling, is willing to accept credit cards for payment for our services. We accept Visa, MasterCard, Discover. As a convenience to you, we will keep your credit card information on file in your client file under lock and key for your protection. There is an additional fee for charging a credit card. We will never charge this card in any other instance without notifying you first.

- I authorize Judy Keappler LLC to charge my credit card for the costs of each session. However, I also understand that Judy Keappler LLC will never charge my card for any other reason without notifying me in advance.

### Required Credit Card Information:

Name as it appears on your card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Information: \_\_\_\_\_  
Street Number (street name not required) Zip Code

Client Signature: \_\_\_\_\_  
Signature indicates you agree to allow your therapist to make charges on your card without you being present.

We have a 24-hour cancellation policy. If you cancel or miss an appointment with your therapist with less than 24 hours notice, you will be financially responsible for the session. There is a \$45.00 charge for any returned checks unless otherwise negotiated with your therapist. There is a service fee for all Credit Card charges.

I have read the above policies, and I accept this Credit Card Agreement.

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date