

David Phillips, LMHC

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Credit/Debit Payment Agreement:

I, _____ agree to have my Credit/Debit account charged for the amount I owe on my account or my dependent's account:(_____). I understand that if my card gets declined I will be charged \$20 per event. If the card gets declined twice, I will no longer be able to use this method of payment.

Signature of Person Responsible for the Charges

Date

Name on Card_____

VISA #_____

Expiration date: _____

CVC Code: _____

I would like my credit/debit receipt sent to my email: _____