

Kim Grynich, LPC  
PO Box 549, Ashland, OR, 97520  
541-517-4715

**Credit/Debit Card Payment Consent Form**

Client Name \_\_\_\_\_

Name on Card if different \_\_\_\_\_

I authorize provider \_\_\_\_\_

and ProfessionalCharges.com to charge my card for professional services for the amount of \$ \_\_\_\_\_

Type of Card: VISA MasterCard Discover Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV Number \_\_\_\_\_

Card Holder's Billing Address

\_\_\_\_\_  
Street City

\_\_\_\_\_  
State Zip Phone

If I have questions about these charges, I agree to contact my provider and if necessary ProfessionalCharges.com via email (info@professionalcharges.com). I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by my provider.

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Charges may appear on your card statement as an abbreviation of ProfessionalCharges.com, usually ProfCharges.com.