

Credit/Debit Card Payment Consent Form

Wellspring Counseling accepts credit/debit card payments through the organization Professional Charges for your convenience.

Likewise, Wellspring Counseling requires a credit card to be on file for all clients with unpaid sessions. If you do not plan on paying for your services after each session, please fill out this form included in the intake packet.

All charges on your statement will read from Professional Charges.

Client Name _____
Print Last First Middle Initial

Name on Card if different _____

I authorize Wellspring Counseling and ProfessionalCharges.com to charge my card for professional services for the amount of _____.

I authorize Wellspring Counseling and Professional Charges to make on-going payments to our credit/debit card for services received.

Type of Card: VISA MasterCard Discover Exp. Date _____

Card Number _____ - _____ - _____ - _____ DVV Number _____

Card Holder's Billing Address for Credit/Debit Card:

Street City State Zip

Card Holder Signature _____ Date ____ / ____ / ____

Charges will appear on your card statement as ProfessionalCharges.com

Contact Information:

ProfessionalCharges.com
3429 Ocean View Blvd., Suite K
Glendale, CA 91208
Phone: (818) 240-8295
E-mail: admin@ProfessionalCharges.com

Wellspring Counseling
1345 Monroe NW, Suite 254
Grand Rapids, MI 49505
Phone: (616) 460-3341
Email: info@wellspring-counseling.org