

JESSICA ACKER LPC INC  
12321 Tierra Humeda  
El Paso, TX 79938  
915-691-7130

CREDIT CARD ON FILE

My signature below indicates that I am in agreement with the No Show policy and Late Show policy included in the policies provided to me and if these should arise to allow the office of Jessica Acker LPC INC to bill those charges to the following card information provided below.

My signature also indicates that if an explanation of benefits is returned to the office of Jessica Acker LPC INC and indicates a balance due that their office may also charge those to the following card information provided below.

Notice will be provided to the following phone number by text: \_\_\_\_\_ of any charges to be billed to the card prior to those charges being made. Any arrangements necessary or adjustments may be made at that time.

PROVIDE COPY OF CARD OR DEPOSIT

Name on Card: \_\_\_\_\_

Type of card: CREDIT DEBIT

VISA MASTERCARD OTHER

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Code on back of card: \_\_\_\_\_

Zip code on card: \_\_\_\_\_

My signature below also indicates that I am the person responsible for the account above and legally able to sue this account and agree to be responsible for any charges that are made according to this office policy.

\_\_\_\_\_ Signature \_\_\_\_\_ Print