

Lisa Popelka, M.S.
811 NW 20th Ave, Suite 303
Portland, Oregon 97209
(503) 853-0170

Payment & Credit Card Fee Agreement

Name of Adult Client/Person Responsible for Payment: _____

This is an authorization for charging your credit card for services rendered by Lisa Popelka, LPC. It is my policy to charge your card on the day services are provided. Please remember I require a full 24 hours notice for canceled sessions or I will charge you my full fee (\$_____ per 50 minute session or \$_____ per 75 minute session) for the missed appointment. By your signature below you agree to this contract.

Credit Card Information:

Card Number: _____

Visa MasterCard Expiration Date: Mo: _____ Year: _____

Name on card exactly as printed: _____

Address where credit card statement is sent: Street _____ Apt. # _____

City _____ State _____ Zip _____

I authorize Lisa Popelka, LPC, to charge the following account for services according to the payment plan agreed to above:

Signature of Client/Person Responsible for Payment

Date Signed