

Kari Hunter, LCPC, LMFT

Client Name: _____

I understand that my signature authorizes Kari Hunter to charge my V/MC in the amount indicated. I also understand that Kari Hunter, LCPC will appear as the payee on my monthly charge statement. I further understand that future services and fees incurred, or outstanding balances due her may be charged against my account by Kari Hunter unless I specify an alternative form of payment.

Name on the card: _____

Card number: _____

Expiration Date: ___ ___ / ___ ___ Security numbers from back: ___ ___ ___

Amount to be charged: _____

Signature of card holder: _____ Date: _____

Please send me an email receipt to this email address:
