



Payment Agreement of Services

I hereby authorize Wendy A. Biondi, LHMC to keep my signature on file and to use **Square** through Wendy Biondi Counseling to charge my debit/credit the account listed below for the agreed amount that is not paid by me or my insurance at the time of service. Any other use by Wendy A. Biondi, LHMC of this account is prohibited by law.

CONFIDENTIAL DEBIT/CREDIT CARD INFORMATION

Card Number: _____

Payment Type: Visa Master Card Discover Am. Express

Expiration date: _____ CVC: _____

Name as it appears on Debit/Credit Card: _____

Amount to be paid in full: Yes No _____(Initials)

Amount **pre-arranged** to be paid monthly for a **mutually agreed** amount: \$ _____
_____ (Initials)

Billing Statement Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Type: Mobil Home Work Phone #: _____

Email: _____

Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

You are entitled to receive a written receipt for any charges used in this way which will be in the form of an email sent to you by Square as confirmation when a transaction is made.

Thank you,
Wendy A Biondi, LMHC