



Credit Card on File Agreement

In providing your credit card information you are giving Compass Counseling and Associates, LLC permission to automatically charge your credit card on file for co-pays/co-insurance, products, and missed appointment fees.

If you have any questions about the policy, please email deb@compasscounselingandassociates.com

Credit Card Holder's Name	
Credit Card #	
CVV Code # (3 digits)	
Expiration Date	
Billing Zip Code	
Card Holder's Signature	
Date	