



KCM Therapy LLC
Karen Mitchell, LCSW
201-424-3631
kcmtherapyllc.com
karen@kcmtherapy.net

CREDIT CARD TRANSACTION AGREEMENT

I have put a card on file and I agree to keep a working card on file at all times. I give permission for KCM Therapy LLC to charge any of the card(s) I have placed on file to resolve any balances I may accumulate, including any late cancellation fees or any self-pay fees for therapy sessions. I understand that I may terminate this agreement in writing (email karen@kcmtherapy.net to ask to cease usage of a particular card) at any time but such termination will not pertain to fees already incurred under this agreement.

*** I Understand and Agree to the Late Cancellation Policy and the Credit Card Transaction Agreement**

Signature _____

Date _____