

SHILOH COUNSELING SERVICES

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Lubbock, TX 79424
Phone (806) 794-3232
Fax (806) 702-8294

This form may be filled out by clients who would like the convenience of not needing to bring payment to each session, or who plan to utilize our telephone session option.

Client Name: _____

Credit card information:

Name on Card: _____

MasterCard Visa Discover American Express

Card Number: _____

CVV (3 digit code on back or 4 digit code on front of AmEx): _____

Expiration Date (MM/YY): _____

Billing Address 5 digit Zip Code: _____

Signature: _____ Date: _____

This form will be stored in a HIPA compliant, secure location, and shredded at the termination of therapy.