PAYMENT AGREEMENT
for Group Therapy

Name on Credit Card____

Card Number____

3 digit security code ___________ Expiration Date_________________

Billing Zip Code of Credit Card ______________________

Email for send of Receipt ____

I authorize:

Group session fee ____________

Administrative fee to be applied to first group session $20.00

No Show/late cancellation fee $20.00

I, ________________________________, agree to allow Arrowhead Family Systems, LLC to charge the above credit card to be used to settle fees for therapeutic services.

Signature of person authorizing use of credit card Date

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18301 N. 79th Ave., Ste. B125 Glendale, AZ 85308