



# southwest psychotherapy ASSOCIATES

Ty David Lerman, LPC-S | Micki Grimland, LCSW  
Andrea Washington, LCSW-S | Sue Steinbruecker, LCSW | Dianne Pulsipher, LPC  
Brian Kunde, LCSW | Brandy Lerman, LPC | Angela Moore, JD, LCSW  
Jeanette Christensen, DO | Tania Andrews, LMFT-A

## Card Information

I give SWPA, PLLC permission to charge my card for services rendered, in the event of a cancellation fee, or if a balance is left unpaid after 15 days from any date of service. I understand that my card information will be stored in the Square App, which is HIPPA compliant and my information will be secure. (Please print and physically sign before submitting to your therapist.)

X: \_\_\_\_\_

Client Signature, or Parent/Legal Guardian Signature (if client is a minor) Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_\_

Security Code (back of card): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_