



**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](mailto: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 \_\_\_\_\_