

Hopkins Counseling Services  
407-706-5875

I give my consent to Hopkins Counseling Services LLC to digitally store my credit card information along with my other paperwork in a confidential and safe location. I consent that this information may be used for payment of counseling services, including:

- A. Sessions attended
- B. Sessions canceled without 24 hours notice

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Exp: \_\_\_\_\_

CV: \_\_\_\_\_

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