



southwest psychotherapy ASSOCIATES

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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: _____