



*Marie
Z. Ray*
LPC-S

P 512-863-4466
1006 Rock Street
Suite 101
Georgetown, TX

Credit Card Information For Cancellation

TX LIC # I9835

FED TAX ID #48-1263798

As indicated by your signature below, you agree to keep the assigned credit card on file with Marie Ray. Your credit card information will be kept in a secure and locked location strictly for the purpose of charging the fee of one session for each session that has not met the 24 hour cancellation agreement. Notice of cancellation may be given by phone only, texting is permissible.

Please circle type of card:

Visa MasterCard American Express Discover

Name of Cardholder:_____

Credit Card Number:_____

Three Digit Security Code:_____ Zip Code:_____

Expiration Date:_____

Signature of Cardholder:_____

Relationship Therapy & Counseling

