

AUTOMATIC PAYMENT FORM
Rebel Rise Counseling

Rebel Rise Counseling, PLLC
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AUTOMATIC PAYMENT

Rebel Rise Counseling PLLC uses the third party vendor *Square Up* for billing services.

By signing the line below, I _____
(Print Name)

hereby authorize Rebel Rise Counseling PLLC to charge the credit or debit card I have elected to save on file for services rendered by Mary Mills, M.A., LMHC, CDP. I understand that transactions will be processed within 48 business hours of receiving services.

Cancellation Policy:

As a reminder, Rebel Rise Counseling holds a 24-hour cancellation policy and cancellations/ rescheduling within 24-hours may be subject to penalty (cost of session). Please understand that missing a session without notice “no call/no show” will be charged the full cost of session.

This contract will be rendered void upon request.

Name: _____
(Signature of Client Authorization) (Date)