Certified Appellate, Circuit, County, Dependency, and Family Mediator

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Credit/Debit Card Payment Consent Form

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Name on Card if diff	erent		
I authorize <i>Dr. Tei</i>	resa F. Parnell and	Intuit Merchar	nt Service
to charge my card	for professional s	ervices in the a	mount of
\$	for In	voice #	
Type of Card: V	ISA MasterCard	Discover E	exp. Date
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Card Holder's Billing	Address for Monthly	Card Statement	rs .
Street	City	State	Zip
Card Holder Signa	ture		Date / /

Fees for services already rendered are non-refundable. Prepayment for other services may be non-refundable as indicated on the invoice(s) referenced on this form. Examples include but are not limited to prepayment for court testimony and depositions which is non-refundable unless at least 72 business hours-notice of cancellation is provided. Prepayment to reserve mediation time is non-refundable. Prepayment for Collaborative Meetings may be non-refundable unless proper notice of cancellation is provided. The date listed on your credit card statement may be different than the actual date of service. Please note that disputing this charge in the future will waive your right to confidentiality as it relates to providing the credit card processing company with documentation of the service provided and your authorization for payment. If fees are refunded for any reason, the amount of the credit card processing fees will be deducted from the total refund. If you wish to avoid that possibility then please pay for services with cash or check.