



HAVEN COUNSELING
RESTORATION & RECOVERY

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havencounseling.com

(Required for ALL Clients)

Please Update Your Payment Information

1. Name on Card _____

2. Billing Address _____

Billing Zip Code _____

3. Card Number _____

4. Expiration Date _____

5. Security Code _____

By signing, I understand my information will be saved to file for future transactions, including but not limited to deposits, membership purchases billed in time, or any transaction(s) for goods or services on a prearranged, recurring billing schedule.

By signing below, you agree to the statement above.

Customer Signature _____

Date _____