



Edward Darrah Counseling & Sports Performance Consulting, LLC  
Wynnewood House Suite 200  
300 E. Lancaster Avenue  
Wynnewood, PA 19096  
Edward@Darrahcounseling.com  
215.315.7910

I am requesting that all clients have a current credit or debit card number on file.  
This card will be only be charged in the event that you have an outstanding  
balance on your account that is not met within 30 days of the statement date OR  
if you cancel less than 24 hours of your next appointment.

Please let me know if you have any questions about this. Credit Card Information  
(please print)

Client  
Name \_\_\_\_\_

Name on  
Card \_\_\_\_\_

Card  
Number \_\_\_\_\_

Three/Four Digit  
Code on front/back of  
card \_\_\_\_\_

Expiration  
Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

I authorize Edward P. Darrah, M.A. LPC, NCC to bill my credit or debit card in  
accordance with the terms stated above.

(Signed)  
\_\_\_\_\_

Date  
\_\_\_\_\_

