**Credit Card Payment Authorization Form**

Sign and complete this form to authorize Patricia Mercer, PhD, MFT, CEAP and/or Counseling Consultants to charge co-pays and/or co-insurance deductible balances not received from your insurance company. This could also include a charge for a missed appointment that was cancelled late (less than 24 hour notice), not showing up, or balances owed for miscellaneous expenses (i.e., letters written on your behalf, returned check charges, etc.).

Counseling Consultants will send an itemized copy of all charges when they are made and mail this to your home address unless instructed otherwise.

By signing this form you give us permission to debit your account for the amount indicated which will remain valid until the expiration date of the charge card listed on this form unless you cancel said authorization via written notice.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Counseling Consultants to charge my credit card.

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Account Type: \_\_\_\_\_ Visa \_\_\_\_\_Mastercard \_\_\_\_\_AMEX \_\_\_\_\_ Discover |
| Cardholder Name: |
| Account Number: |
| Expiration Date: |
| CV2 (3 Digit Number on back of card): |

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.