

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Abiding Hope Christian Counseling, Ltd. to maintain a record of my credit card and my signature on file for payment of the following services: psychotherapy services, including deductibles, co-pays, non-cancelled or late-cancelled appointment fees, any charges owed that are not covered by my insurance company, and the litigation policies that are set forth in the Informed Consent Agreement. These charges include, but are not limited to, payment of retainer for court/deposition/legal proceeding preparation and appearance, consultation and telephone appointments, report and letter writing, and completion of disability paperwork.

My signature below authorizes Abiding Hope Christian Counseling, Ltd. to charge my credit card for all applicable charges on an on-going basis. I understand that if I decide to terminate services with Abiding Hope Christian Counseling, and my account is paid in full upon termination, I may withdraw the authorization to charge my credit card in the future.

NOTE: Often, insurance companies pay us several weeks or months after the date you attend a session. In that event, we may not be aware that there is a charge due for some period of time. We will bill any non-paid charges as your insurance company submits an Explanation of Benefits regarding their payment to us.

In the event your credit card expires, or is lost or stolen, or if you desire to use another credit card, please notify us and we will have you complete a new Credit Card Authorization Form, and will delete your old information. We are equipped to utilize Health Savings Account cards, and accept MasterCard, Visa, Discover and American Express.

PLEASE PRINT LEGIBLY:

Client Name: _____

Cardholder's Name (as it appears on the credit card): _____

Credit Card Billing Address (the address where the credit card statement is received)

Street _____ Apt/Suite _____

City and State _____ Zip Code _____

Credit Card Type Visa _____ MasterCard _____ Discover _____ AMEX _____

Credit Card Number: _____

Expiration Date _____ CCV Code: _____

Email address: _____

SIGNATURE: _____