

**Amy M. Childers Counseling, LLC
Credit Card Authorization Form**

You may cancel this authorization at any time. This authorization will remain in effect until cancelled by informing the office. Please notify the office when your credit card information is changed or updated.

Client Name: _____

Credit Card Info: Please complete all fields.

Card Type: (check one)

Am Express

Discover

Mastercard

Visa

Cardholder Name as shown on card: _____

Card Number: _____

Expiration Date: (month/year) _____

3-digit Code/CVC: _____

Zip Code: _____

Do you want a receipt?

Yes _____

No _____

If yes, email or text?

Email: _____

Text: _____

**I, _____
authorize Amy Childers Counseling LLC to charge the above credit card for insurance deductibles, co-pays and/or co-insurance; as well as agreed upon balances due, self-pay office visit fees and no show/late cancel charges.**

I understand that my credit card information will be save confidentially on file for future transactions mentioned above on my account.

I understand there is a \$5 transaction fee on all credit card transactions when the card is not present.

Client or Representative Signature

Date