

Credit Card Authorization Form

I hereby authorize my provider to keep my credit card number on file and to charge the usual fee for services rendered at the time of service. This is done as a convenience, rather than having to pay by cash or check at each visit. I also understand that per Matthews Counseling & Coaching policy, I will be charged the usual fee in the event of missed sessions (late cancelations or no-shows) at the would-be time of service. My provider will keep my credit card information on file for the duration of treatment, and at the time of discharge this information will be shredded. It is my responsibility to update this information with my provider, should my card expire, be canceled, or should I choose to use an alternate form of payment. I also have the option to authorize a one-time charge to my credit card, though I understand I will have to complete another form if I wish to use my card again in the future.

Type of card:

VISA _____

MASTERCARD _____

AMEX _____

DISCOVER _____

OTHER _____

Card number: _____ Expiration (MM/YY): _____

Security code: _____

*I authorize my provider to charge _____ today only, as a one-time charge. ____ (initial)

Cardholder signature

Date

Cardholder printed name