3-C Family Services, P.A.

Complete psychological care for children and families

CREDIT CARD AUTHORIZATION AGREEMENT

All fields are required to be completed on this form

_____

Client's Name(s) (Print)

Credit Card Information: (as shown on credit card)

Credit card type: ☐ Visa ☐ MasterCard ☐ Discover

Card Holder Name (as shown on credit card): _____

Credit Card #: _____ - _____ - _____ - _____ Expiration Date: _____/_____
MM YY

Billing Address of Credit Card Holder: _____
street address

_____
city state zip

Phone Number of Credit Card Holder: (_____) _____

This agreement will be in effect from: _____/_____/_____ - **12 / 31 / 2010**
MM DD YYYY MM DD YYYY

Authorization:

I hereby authorize 3-C Family Services, P.A. ("3-C FS") to charge the indicated credit card on a periodic basis to collect payment due for services rendered by 3-C FS in accordance with the 3-C FS Fee Schedule for the above listed client. I also authorize 3-C FS to charge my credit card the price of a scheduled session, in accordance to the 3-C FS Fee Schedule, should the above listed client fail to attend their scheduled appointment or fail to give a 24 hour notice to cancel their appointment. If 3-C FS is unable to process my payment, I will be responsible for an alternate payment arrangement and all late fees that occur. I understand that this agreement shall remain in force unless I cancel it in writing. I will not dispute 3-C FS's charges to my credit card so long as the amount in question is for services rendered prior to my canceling my agreement in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this agreement with 3-C FS. I acknowledge that I have read and agree to all of the above terms and conditions.

_____ _____

Signature of Credit Card Holder (Required) Date

Per the Health Insurance Portability and Accountability Act (HIPAA) this information is strictly confidential.

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