

Client's Name: _____

DOB: ____/____/____

Credit Card Authorization

Sherman Counseling encourages keeping your credit or debit card on file as a convenient method of payment for the portion of services that you are liable for. This includes copays, co-insurance, deductible, No Show/Late cancel fee, etc. Your financial information is kept confidential and secure.

Please initial all statements that apply below:

_____ I authorize Copay / Self pay fees to be processed at the time of service and no later than the next business day.

_____ I authorize \$100 payment to be processed at the time of service to be applied towards my deductible and no later than the next business day.

_____ I authorize a minimum payment of \$200 to be charged to my card the first week of each month unless otherwise indicated Exception – Day of each month to be billed: _____ (Example: 15th of each month)

_____ I authorize the entire balance to be charged to my card the first week of each month unless otherwise indicated Exception – Day of each month to be billed: _____ (Example: 15th of each month)

_____ I authorize my card to be stored on file only. This card will not be charged without verbal authorization by me, the card holder.

Credit card information		
<input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Credit Card # _____	
	Expiration: ____/____	CCV: _____
Cardholder's Name: _____		

Card Holder Address: _____

City _____ State _____ Zip _____

Phone Number: (____) _____ - _____

Cardholder Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, the credit card expires or once I have paid my balance in full. I agree to notify Sherman Counseling in writing of any changes to my account information or termination of this authorization by the 1st of the next billing month. I certify that I am an authorized user of this credit card/ bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions are indicated in this authorization form.