

Credit Card Authorization

Please Note: It is requested that all clients have a credit card on file. The credit card payment option is offered as a convenience to clients. The credit card will only be charged if you have not paid via another method at time of service.

I authorize McDowell Mountain Counseling, Inc. to keep my credit card on file and to charge my credit card anytime I have a remaining balance due and no other payment arrangements have been made/agreed upon by McDowell Mountain Counseling, Inc.

Credit Card Information

Client/Patient Name:

Cardholder Name: (As it appears on card.)

Credit Card Type: VISA MasterCard Discover American Express

Account Number:

CVV:

Expiration Date: (Month/ Year)

Card Billing Address:

Cardholder Signature and Date: _____