



Card Authorization Form

I, _____, give permission to River Trail Counseling Assoc. LLC to charge my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount Authorized _____ Product/Service _____ Co-pay / Deductible / No Call No Show / Counseling _____

Card Information			
Card Type			
<input type="checkbox"/> Mastercard	Cardholder (Name on Card) _____		
<input type="checkbox"/> Discover	Card Number _____		
<input type="checkbox"/> VISA	Expiration Date _____	CVV Code (3 digit on back) _____	Zip Code (billing address) _____
<input type="checkbox"/> AMEX			
<input type="checkbox"/> Other	_____		

Recurring Payments Information	
Charge Every:	
<input type="checkbox"/> Week	<input type="checkbox"/> Email receipts to: _____
<input type="checkbox"/> Month	<input type="checkbox"/> Snail mail receipts to: _____
<input type="checkbox"/> Quarter	_____
<input type="checkbox"/> Other	_____

Charge on what day of the month (monthly or quarterly billing) _____	
Payment Amount _____	
Products or Services <u>Individual and/or group therapy sessions performed by a Licensed Professional Counselor</u>	

****Cancellations Must Be Received At Least 1 week Prior To Expected Billing Date****

Signature _____ Date: _____

Be sure to keep cardholder data safe by storing completed forms in a secure room or filing cabinet, and restrict access only to employees who require it to fulfill their job duties