BRIDGES COUNSELING
CENTER FOR CHILD & FAMILY WELLNESS

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CREDIT CARD RECURRING PAYMENT AUTHORIZATION

Please complete and sign this form to authorize recurring payments for psychotherapy services. Fees are based on amounts discussed prior to starting treatment and will be deducted from your account no sooner than the actual date of service. You agree that no prior notification will be provided unless the payment amount changes, in which case you will receive notification.

***CLIENT* Name (person attending sessions):**_____

CARDHOLDER INFORMATION: Please indicate the information associated with the credit or debit card you wish to use for payment regarding the above client.

Name: _____ *Phone:* _____
Address: _____
City: _____ *State:* _____ *Zip:* _____

Credit card numbers will be kept safe within an encrypted electronic format through our billing system, Therapynotes, LLC, which uses CardConnect for their integrated credit card processing. Payments are processed by First Data Corporation. For your security, the bottom portion of the form will be shred following data entry.

Please provide the last four digits of your card for identification purposes only: _____
(provide last four digits of card)

I authorize Bridges Counseling For Child & Family Wellness to charge the credit card indicated on this form. I understand that this authorization will remain in effect until I cancel it, or treatment has terminated. I agree to notify Bridges of any changes in my account information. If the charge to this credit card fails for any reason, I agree to provide an alternate form of payment immediately, and agree that this form also serves as authorization for this alternate information whether given in person, by phone, fax, or email. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this form. Furthermore, I authorize payments of any "No Show" and/or "Late Cancelled" appointments in accordance with the signed Client Agreement for the above-named Client.

_____ _____
Cardholder Signature *Date*

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Credit / Debit Card Information: *Card Type (circle one): Visa Mastercard Discover Amex*

Card Number: _____ *Expiration Date:* _____

Security Code: _____