

Harding & Associates, Psychotherapy & Evaluation
1521 Green Oak Place Ste 191
Kingwood, TX 77339

CREDIT CARD ON FILE

BILLING AUTHORIZATION FORM

Please note: The card on file must be a CREDIT CARD, not a debit card, to avoid problems with insufficient funds transactions.

Information to be completed by the cardholder:

The undersigned agrees and authorizes Harding & Associates, Psychotherapy & Evaluation to charge the credit card indicated below for any account balances which include, but are not limited to, copays, coinsurance, and fees for late cancel and no-show appointments.

Client's Name: _____

Name As It Appears On Credit Card: _____

Type of Credit Card (circle one): MasterCard Visa Discover

Card Number: _____ - _____ - _____ - _____

Expiration Date (MM/YY): ____/____

Security Code: (last 3 numbers on back of card): _____

Zip Code of This Credit Card's Billing Address: _____

I, _____, authorize Harding & Associates, Psychotherapy & Evaluation, to process the above credit card as "Signature on File" for any balance due on my account. I understand this authorization will expire when services are terminated AND my account balance is \$0.

Cardholder's Signature

Date

____ Permission was granted over the phone on ____/____/____.

Name of grantor _____.

FOR OFFICE USE ONLY.

Staff Initials _____