

ANDREWS & ASSOCIATES
COUNSELING



Credit Card Authorization Form

I authorize Andrews & Associates Counseling to securely file my card and process payments for psychotherapy sessions. I understand that I can revoke this authorization in writing at any time.

We accept credit or debit cards from most major networks including Visa, MasterCard, American Express, JCB, Discover, Diners Club, and most HSA and FSA cards.

Client's Name: _____ Minor?

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

_____ Card Number _____ Exp. Date _____ V-code _____

_____ Enroll in AutoPay?
Initial Here *I authorize this card to be charged overnight for any outstanding copay or account balance.*

Per Therapist Agreement:
_____ I authorize Andrews & Associates to charge \$_____ per month.
Initial Here

By signing below, I confirm that I am the cardholder, an authorized user, or have been given express permission to use the card above for payments made to Andrews & Associates.

Signature

Date