



## CREDIT CARD/ DEBIT CARD AUTHORIZATION FORM

**Please provide the following information:**

I, \_\_\_\_\_ authorize the Clear View Counseling Center to charge my credit/debit/health  
(print cardholder name)  
account card for professional fees and services up to 24- hours before each scheduled appointment. If I do not  
cancel before 24 hours, I recognize that my clinician will charge my card as a late cancel or no show if I do not show  
up for the appointment.

Billing Address: \_\_\_\_\_  
Street Address Apt #  
\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Patient Name (Print):** \_\_\_\_\_ **Patient DOB:** \_\_\_\_\_

**Credit/ Debit Card:**

Visa  Master Card  American Express  Discover

Cardholder Name (Print): \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV (3 Digit Number on Back of Card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Clear View Counseling Center, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being rejected for Non-Sufficient Funds (NSF) I understand that Clear View Counseling Center, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.