



Client Credit Card Authorization

Client Credit Card Pre-Authorization (Mandatory)

In an effort to better serve our patients and simplify your billing experience, our practice offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure. Please fill out the information below:

OPTIONS	<p>____ (initial) I hereby authorize Transitions <u>Center</u> to charge fees to the credit card listed below. I understand that after 30 days, account balances will automatically be charged to the card on file.</p> <p>____ (initial) I hereby authorize <u>Transitions Center</u> to charge the balance of my account automatically each month. Card will be charged the FIRST of each month for prior month fees.</p>
PAYMENT INFORMATION	<p>Client Name: _____</p> <p>Client Billing Address: _____</p> <p>Type of Card: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p>Card Number: _____</p> <p>Expiration Date: _____ Security Code: _____ <small>(last three digits on card, last four on AMEX)</small></p> <p>The undersigned guarantees performance of the financial provisions of this agreement.</p> <p>Card Holder Name: _____</p> <p>Signature of Card Holder: _____ Date: _____</p>
CHARGE POLICY	<p>____ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services.</p>