

# CREDIT CARD AUTHORIZATION FORM

I authorize Desirae Ysasi Counseling Services to keep my signature on file and to charge my credit card for:

1. Balances or charges not paid by me or insurance within 90 days from the date of service.
2. Recurring charges (on-going therapy sessions) cash-pay rate or insurance deductible/co-pay until the termination of treatment.
3. Fees or charges for other services or for missed appointments as described in the informed consent form.

I understand that I may revoke this agreement at any time by providing a request in writing.

Client's Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please circle card type:      VISA              MC              DISCOVER              AMEX

Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_                      Exp Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Please keep this credit card information accurate. A \$25.00 fee will be applied to credit cards declining payment.