

Credit Card Authorization Form

I, _____ (account holder), authorize Lakes Center for Youth and Families, Inc to charge my credit/debit card for the selected services below for the following individuals:

(name of client) (relationship)

(name of client) (relationship)

(name of client) (relationship)

Initial all services that apply

_____ Flat copy, coinsurance, or private pay fee per attended session for counseling or intervention
Please note: Intervention is not covered by insurance

_____ Any portion of billable services not covered by my insurance policy for counseling

_____ Other: _____

Name Printed on Card: _____ Type of Card: _____

Credit Card Number: _____ Expiration Date: _____

CVS Code: _____ Billing Address and Zip Code: _____

By signing below, I certify that the above information is true and accurate and that I am an authorized user on the credit/debit card account above. For counseling services, I authorize Lakes Center for Youth and Families, Inc to keep my credit card information on file and charge the above fees automatically and on an ongoing basis until or unless I cancel these automatic payments in writing. For Intervention services, I authorize Lakes Center for Youth and Families, Inc to keep my credit card information on file and charge the above fees automatically until the program is complete. Lakes Center for Youth and Families, Inc agrees to ONLY charge for services rendered.

Authorized User Signature: _____ Date _____

Staff Signature: _____ Date _____