PsychNP Wellness Center, LLC.
658 Kenilworth Drive Suite 206
Towson, MD 21204
Phone: (443) 841-7550 Fax: (443) 841-7572

Credit Card Recurring Payment Authorization Form

As a courtesy to you, we can now schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started. Once a month, with this authorization, we will charge the balance due on your account to the credit card you list on file.

You authorize regularly scheduled charges to your Visa, Mastercard, American Express or Discover Card. You will be charged once each billing period for the total amount due for that period. The charge will appear on your credit card statement.

Please complete the information below:

I, _____ authorize PsychNP Wellness Center, LLC to charge the credit card listed below once between the 15th and of each month for payment of any balance due for _____ (name of client or clients)

Billing Address: _____

City: _____ State:_____ Zip Code:_____

Phone: _____ Email: _____

Account Type: Visa _____ Master Card _____ AMEX _____ Discover _____

*Is this for a(n) HSA _____ FSA _____ Other consumer spending account _____

*** For all consumer spending accounts, be advised that if the card cannot be processed, you will be billed, and should seek reimbursement from the company directly**.

Card Holder Name: _____

Account Number: _____

Expiration Date: _____ CVV: _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outline above. If the above noted payment dares fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this card and that I will not dispute the scheduled payments with my credit card company provided the transaction correspond to the terms indicated in this authorization form.

_____ _____

Card Holder Signature Date