

Tree of Life Counseling Services, LLC



Office Locations

Rochester Hills - Walton

1460 Walton Blvd.
Suite 60 (Main Office) & 20
Rochester Hills, MI 48309

Rochester Hills - Rochdale

145 Rochdale Drive South
Suite F & D
Rochester Hills, MI 48309

Lenox

36555 26 Mile Road
Suite 3700
Lenox, MI 48048

Livonia

39000 W Seven Mile Road
Suite 3600
Livonia, MI 48152

Troy

1700 W Big Beaver Road
Suite 200
Troy, MI 48084

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Is this a FSA or HSA card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardholder Name (as shown on card):	_____
Client Name (if different from cardholder):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVV _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize Tree of Life Counseling Services, LLC to charge the credit card above for agreed upon rates/copay on or after my session(s) date. I understand that my information will be saved to my file for future transactions on my account. Payment is due at date of service. Tree of Life Counseling Services, LLC is not responsible for any potential overdraft fees issued on your account for charges owed.

Customer Signature*

Date

Witness Signature*

Date

**Electronic Signature*

You understand and agree that your electronic consent (including any electronic symbol) is your electronic signature, represents your agreement to the terms and conditions of this agreement, constitutes a valid signature, and shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.