

# COUNSELING CENTER OF NORTH TEXAS

303 S. Highway 78 Suite 100 Wylie, TX 75098

Phone: 469-342-3468 Fax: 469-342-3466

## Credit Card Information and Authorization for Payment of Services

I, \_\_\_\_\_, authorize Counseling Center of North Texas to charge the below-referenced credit card in the following situations:

- When I have not cancelled my scheduled appointment within 24 business hours or fail to show for my scheduled appointment time, including those situations when I arrive more than 15 minutes after the session start time.
- When I contact my therapist via phone for all conversations lasting longer than 11 minutes.
- When a balance is due on my account for longer than 60 days including those balances owed due to my insurance company not covering services.

### Credit Card Information

Card Type:

Visa                      Mastercard                      Discover                      Other: \_\_\_\_\_

Card Holder Name Listed on Credit Card: \_\_\_\_\_

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

Credit Card Expiration Date: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_

Credit Card Holder's Address: \_\_\_\_\_

Authorized Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Consent for Recurring Charges

In addition to the situations listed above, I authorize this credit card to be used as payment for ongoing charges incurred at the Counseling Center of North Texas.

Authorized Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_