**Tiffany Noonan, LICSW**

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**Electronic Payment Authorization**

Client:                                         DOB:

Payment for services can be made by cash, check, or credit card at the time of service unless other arrangements have been made. If you would like to put a credit card on file to be charged the session amount at the end of each appointment, please fill out your credit card information below. If you would not like to keep a credit card on file, simply sign below, write “no credit card authorized,” and leave card information blank.

Please provide the following information. This form will be securely stored in your clinical file and may be updated upon request at any time. I,                                            ,

give permission to have my card charged for my co-pays, payment for services or missed appointment fees.

***CARD/INFORMATION***

Name on Card:

Billing Address: (as registered with Credit Card Company)

***ACCOUNT INFORMATION:***

Card Type:

Card#:

Expiration Date:

Security Code:

Responsible Party Signature Date