

PREAUTHORIZATION FOR CREDIT CARDS



HARVEST
MOON

I authorize HARVEST MOON COUNSELING, LLC. to keep my signature on file and to charge my
MASTERCARD / VISA / DISCOVER / DEBIT / OTHER: _____ account for:

_____ All balances not paid by payee after 60 days, to avoid an interruption of services. This total amount cannot exceed \$ 120.

_____ Recurring charges (ongoing treatment) as per amounts stated in the signed Financial Contract for services rendered by Harvest Moon Counseling, LLC.

_____ Fees related to case management in order to execute services in a timely manner (a bill summary will be provided to explain the costs, per the client request).

_____ Fees to cover the non-refundable expenses for court (a bill summary will be provided to explain the costs, per the client request).

_____ To cover any NO SHOW fees in accordance with the NO SHOW contract to alleviate an interruption of services.

I understand that this form is valid for one year unless I cancel the authorization through written notice to this counseling center. I understand that Harvest Moon Counseling, LLC. will provide me with a receipt after the transaction is completed, upon request. By signing this contract, I am aware of and agree to the surcharge fee for each transaction that is charged to my credit card. Surcharge fees may apply.

Client's Name: _____

Cardholder's Name: _____

Cardholder's billing address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder's Signature: _____ Date: _____