



142 Main Street E. | Girard, PA 16417 | (814) 324-5373  
[www.anchorpointcounselingcoaching.com](http://www.anchorpointcounselingcoaching.com)

## Credit Card Authorization Form

To ensure timely payment for services, all clients are required to maintain a valid credit card on file. Counseling services are provided on a fee-for-service basis, and clients are responsible for payment of all applicable charges, including balances not covered by insurance.

If an account becomes past due and payment arrangements have not been made, services may be temporarily suspended until the outstanding balance is resolved.

### Cardholder Information

Cardholder Name as Listed Exactly on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Card Information

Visa    Mastercard    American Express    Discover    JCB    UnionPay

Card #: \_\_\_\_\_ CCV #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby affirm that I am the owner of the referenced credit card and that my name is listed on the front of the credit card. I authorize Anchor Point Counseling & Coaching to charge the credit card I have provided for fees associated with services rendered, including private-pay counseling sessions, insurance copayments, late cancellation fees, and no-show fees.

I understand that I am financially responsible for all charges not covered or reimbursed by my insurance provider. I further understand and agree that my payment information will be securely retained on file and may be used for future authorized transactions related to services provided by Anchor Point Counseling & Coaching.

I understand that I can contact Anchor Point Counseling & Coaching to revise and/or remove this information at any time.

Account Holder Signature: \_\_\_\_\_

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