CROSSWAY COUNSELING

PRE-AUTHORIZED CREDIT CARD PAYMENT FORM

**This form must be filled out completely and will be charged for any missed appointments (including the initial first appointment) or cancelled appointments that are cancelled less than 24 hours before your appointment. This card will also be charged for any balances that are left on your account. We accept VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS.**

I authorize my therapist or the staff at Crossway Counseling Center to keep my signature on file and to charge my designated credit card account.

PATIENT NAME NAME ON CARD

CREDIT CARD ACCOUNT NUMBER EXPIRATION DATE CVV

CARDHOLDER ADDRESS CITY STATE ZIP CODE

CARDHOLDER SIGNATURE DATE

This form is valid for one year. Cancellation of this agreement must be made in writing 30 days prior to cancellation. The outstanding balance shall be paid in full at that time.