



## I AM AS I AM COUNSELING

331 East Main Street, Second Floor

Carnegie, Pa 15601

### Credit Card Authorization Form

It is the policy of I Am As I Am Counseling to have a current and active credit card on file for all of our clients. The credit card information that you provide will be kept in a secure location and will be used only for purposes of payment related to treatment with the practice; including, but not limited to, processing co-pays and other patient responsibility as outlined in your insurance benefits and no-show/late cancellation fees. Your signature on this form authorizes your counselor, the practice billing specialists or other employees or contractors associated with I Am As I Am Counseling to charge your card for services provided.

Cardholder name: \_\_\_\_\_

Client name (if different than the cardholder): \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ CVV Code (3 digit code on back): \_\_\_\_\_

Billing Zip code: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize I Am As I Am Counseling to charge the above listed credit card account for payments owed to my account for services provided as outlined in the published fee schedule. I agree to update any information regarding this account as necessary to maintain a current and active credit account on file. I above information is complete and correct to the best of my knowledge.

Cardholder Signature: \_\_\_\_\_

Cardholder Printed Name: \_\_\_\_\_

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