



Credit Card Authorization Form

This credit card authorization form is kept on file for billing purposes and is used only in the event that an outstanding bill is not paid after sufficient notice. As stated in the Policy Information & Informed Consent to Treatment, all fees, deductibles, co-payments and co-insurance are due at the time of service.

Client Name: _____

Name on card if different from above: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

CVV Code (3 digit number on back of card): _____

I understand that this card will only be used as payment for services received from and billed by Rachel E.S. Wright, LCSW. I agree to pay the charges for which I am billed if I have chosen not to pay using another form of payment.

Client Signature: _____

Date: _____