

# Connections Counseling, LLC - Payment Authorization Form

Save time at the end of your sessions! We offer the convenience of paying for your sessions by using your Visa, MasterCard, American Express, Discover Card, Debit Card, or Health Savings Account (HSA card not health insurance card). **Just complete and sign this form, and bring this form and your card with you to the appointment!**

**Choose from two convenient options:**

**First Appointment with Future Charge Option** – Please select this payment option if you are a new client and have scheduled your first appointment with your therapist (or if you are a current client and want to begin this process for the first time). Also, we ask that you select this option if you plan to use your credit/debit/health card at any time for future payments in order to provide an easier payment option. Your card will also stay on file, via a secure company. By pre-authorizing on this document, you can simply let your therapist know verbally, at the end of each session, if you would like to charge the card on file, instead of paying by check or cash. Note: Your card is also on file in order to bill automatically for any future missed appointments, according to the Appointment Cancellation Policy.

**Automatic Session Authorization Option** - When you select this payment option, for your convenience, your credit card will be automatically charged for your session(s) without the requirement of re-submitting and re-authorizing your credit card information each session. Your card is also on file in order to be billed automatically for any future missed appointments, according to the Appointment Cancellation Policy.

**Please select from one of the following:**

**First Appointment with Future Charge Optional:**

I \_\_\_\_\_ authorize Connections Counseling, LLC to charge my credit card indicated below for \_\_\_\_\_ (*indicate amount*) for this current session on \_\_\_\_\_ (*date*). I understand, for future sessions, I am pre-authorizing Connections Counseling, LLC to charge my credit card for any session I choose hereafter, if I elect to use the card on file instead of cash or credit. Further, I will let my therapist know verbally, after each session, if I wish to have the card on file charged, or if I wish to pay using another form of payment. Finally, I understand that my credit card will be charged automatically if a cancellation is made with less than 24-hours notice, according to the Appointment Cancellation Policy.

**Automatic Session Authorization:**

I \_\_\_\_\_ authorize Connections Counseling, LLC to charge my credit card indicated below for \_\_\_\_\_ (*indicate amount*) for each session. I also understand that my credit card will be charged automatically if a cancellation is made with less than 24-hours notice, according to the Appointment Cancellation Policy.

Client(s) Name \_\_\_\_\_ Client(s) DOB \_\_\_\_\_ Name of Cardholder \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Health Savings Account (HSA) Cardholder Name _____ Account Number _____ Exp. Date _____ CVV (3 digit number on back of card) _____	<p><b>For internal use only</b></p> Therapist's Name _____ Dates of Service    Amount    Date Charged    Appro
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Connections Counseling, LLC, in writing, of any changes in my account information or termination of this authorization at least 2 days prior to the next billed session. I understand that the payments may be executed within a week of the session date. In the case of a transaction being rejected for Non Sufficient Funds (NSF) I understand that Connections Counseling, LLC may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$3 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form. I understand that the name "Connections Counseling, LLC" will appear on my credit card statement.