

Community Counseling Associates



Debit/Credit Card Information Authorization Form

Name on Debit/Credit Card: _____

Card Type: Credit Debit HSA Other _____

Card #: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____

Employer (if this is a medical expense account): _____

Phone #: _____ Employer Phone #: _____

(If card is a HSA provided by employer)

I _____, hereby authorize Mt. Pleasant Community Counseling Associates, to utilize the above debit/credit card to pay on my account at Mt. Pleasant Community Counseling Associates for therapeutic services. I understand that there may be a fee of up to 2.6% +.10cents per swiped transaction and up to 3.5% +.15 cents on non-swiped transactions to cover processing costs. We limit surcharging to credit cards only (no surcharging debit, HSA or prepaid cards).

Client Name

Date

Responsible Party Signature