

Hope and Healing Child and Family Counseling

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Electronic Payment Authorization

Please indicate the form of payment you wish to use for any services rendered through this practice. The following forms of payment are accepted: Visa, MasterCard, American Express and Discover. Service fees will be deducted from the designated account at the time services are rendered.

Client Information:

Client Name: _____ Date of Birth: _____

Cardholder Information:

Please indicate the name and address associated with the credit or debit card you wish to use.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

I authorize any service fees, including deductibles, co-insurance, and other unpaid account balances, to be charged to my credit card.

Cardholder Signature

Date

Credit/Debit Card Information:

Please provide your payment information below. The debit or credit information you provide on this form will be destroyed at the end of treatment.

Card Type: (circle one) Visa Discover MasterCard

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ CVV Number: _____