

Card Holder's Full Address, including zip code (the mailing address for your Credit Card statements):

This credit card authorization form will remain in effect and on file at RC unless revoked in writing or until the therapeutic relationship is terminated, at which time, authorization to charge your credit card will be revoked, unless an outstanding balance remains on your account after termination. RC will not share your credit card information with any third-party without your consent. Your credit card information will be kept confidential.

Please check one:

- Card Holder is the client (or parent/legal guardian) receiving services from RC.

I hereby authorize RC to charge the above credit card number for payment of the counseling fees I or my minor child/ren incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above.

Client/Parent/Legal Guardian Signature

DATE

- Card Holder is a third-party payer for the client receiving services from RC.

I _____, hereby authorize RC to charge the above credit card number for payment of the counseling fees (Client) _____ incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above. I understand as a third-party payer that I am only entitled to receive information concerning payment and that this Credit Card Authorization Form does not authorize me to receive any confidential and protected information about Client beyond payment.

Third-Party Payer's Signature

DATE

I, _____, authorize RC to communicate with the above Third-Party Payer solely as it may relate to payment for services I receive from RC.

Client's Signature

DATE