



Nicklaus Counseling Center, S.C.
1557 Cleveland Avenue
Marinette, WI 54143
Phone (715)732-6868 Fax (715)732-6868



Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express, or Discover Card. Complete and sign this form to get started.

Recurring Payments Will Make Your Life Easier

- It is convenient (Saving you time and postage)
- Your payment is always on time (even if you are out of town), eliminating late charges.

Here is How Recurring Payments Work at Nicklaus Counseling Center, S.C.

You authorize regularly scheduled charges to be withdrawn from your debit or credit card. You will be charged the amount indicated below for each billing period. A Receipt for each payment will be emailed or texted to you. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior- notification will be provided unless the date of amount changes, in which case you will receive notice from us at least ten (10) days prior to the payment being collected.

Please complete the information below:

I, _____ authorize Nicklaus Counseling Center, S.C. to charge my credit card \$ _____ for each counseling session. If a session is not cancelled with a minimum twenty-four-hour (24) notice as stated in the intake agreement my card will be charged a **\$25.00** no show / late cancellation fee.

<input type="checkbox"/> Visa <input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Cardholder Name: _____	
Account Number: _____	
Exp Date: _____	
CVV: _____	
Email / Cell Phone Number: _____	

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify Nicklaus Counseling Center, S.C. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that if the payment date falls on a holiday or on a weekend, the payments may be executed on the next business day. I acknowledge the origination of ACH transactions to my account must comply with provisions of U.S. law. I certify that I am an authorized user of this debit/Credit 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.

Signature: _____

Date: _____