

Hope and Healing

Child and Family Counseling

1108 W South Jordan Parkway #B South Jordan, Utah 84095
385-215-9084

Electronic Payment Authorization

Please indicate the form of payment you wish to use for services rendered through this practice. The following forms of payment are accepted: Visa, MasterCard. 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/HSA/Flex Card Information:

Provide your payment information below. The payment information you provide on this form will be destroyed at the end of treatment.

Card Type: (circle one) Visa MasterCard

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ CVV Number: _____