



Center for Behavior
INTERVENTION

Credit Card Authorization

Authorization for Credit Card payment from Client to Center for Behavior Intervention.

By signing the below document, I give permission for Center for Behavior Intervention to charge the specified amount listed to the specific card listed.

Client Name: _____

Total patient balance due (as reflected on patient statement): _____

Amount of patient balance paying in this transaction: _____

*Credit card fee: 3.5% of amount paying towards balance: _____

Total amount authorized on this transaction (amount paying towards patient balance plus 3.5%): _____

To: Center for Behavior Intervention

From:

Card Type: Visa Master Card (Circle One)

Card Number: _____

Expiration: _____ **Security Code:** _____

Amount Authorized: _____

(Must match the total amount authorized indicated above)

Date of Authorization: _____

Full Name on Card: _____

Street Address: _____

Signature of Cardholder: _____

*Cash is not accepted. Checks preferred. Please add 3.5% to amount of patient balance paying in this transaction if using credit card (to offset transaction fees charged by payment processors).