

Inner Resources Counseling, Inc.

807 West Broad Street

Bethlehem, PA 18018

Phone: 610-419-9415

Fax: 610-419-9418

REQUIRED CREDIT CARD AUTHORIZATION FORM

Please note that it is a TREATMENT REQUIREMENT of Inner Resources Counseling to have all clients keep a credit card on file and authorize us to charge your card, in order to keep all balances at \$0.00. Your credit card will be charged immediately for any/all outstanding balances, including copayments, deductibles and late cancels or no shows bounced checks and fees, etc.

CARD 1: (VISA MASTERCARD AMERICAN EXPRESS HEALTH SAVINGS)

CARD NUMBER: _____ / _____ / _____ / _____

EXPIRATION MONTH: _____ / _____

3 DIGIT SECURITY CODE: (BACK OF CARD) _____

CARD ZIP CODE: _____

BY SIGNING, YOU HAVE READ, AGREE, AND APPROVE TO KEEP YOUR CREDIT CARD ON FILE AND PERMIT US THE AUTHORIZATION TO CHARGE YOUR CARD. YOU ARE AWARE WE WILL NOT PREVIOUSLY NOTIFY YOU WHEN WE CHARGE YOUR CARD DUE TO TIME RESTRAINTS.

Client Signature: _____ **Date:** _____

Copy Received __x__