Hope Renewed Counseling Services, LLC

6000 Gisholt Drive Suite 202 Monona, Wisconsin 53713 608-406-2624

## **Credit/Debit Card Authorization Agreement**

Client Name/ Address:

DOB: \_\_\_\_\_

Your signature authorizes Hope Renewed Counseling Services LLC to bill the credit card listed below. Four options apply to credit/debit card users. 1) Recommended for self-pay clients that prefer to pay the entire balance in full every session using their credit/debit card. 2) For insurance deductibles and copays, cards can be charged one time per month to pay full amount. 3) Clients may opt for a payment plan that will bill a flat amount every month until the bill is paid in full. 4) One-time-only transactions can be made on accounts at anytime. These transactions will be processed within 1-4 days of completing this agreement.

For changes to existing credit cards on file, please call billing at 608-501-8844. After services are discontinued and account balance(s) are paid in full, this agreement will become null and void.

Type of Credit Card:	MasterCard/Visa/Discover (Circle One)		ver			
Card #:			_ Exp. Date:	CVV	-	
Name and Address of (	Credit Card Hol 					
Relationship to Client:		ent spouse	e other			
Signature on File:			Date:			
For Insurance De	e boxes below: ts: I am opting ductibles and ( flat amount to orged under Tra	i for paymen Copays: I am be billed ev ansaction An	t to be made at the opting for paymen very month until the nount.)	ts in full every mo	onth.	
			·			
			Date:	_		