



## Recurring Payment Authorization Form

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

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit/debit card. You will be charged the amount indicated at the time of service or agreed upon billing period. A receipt for each payment will be emailed to you and the charge will appear on your statement. You agree that no prior-notification will be provided unless the amount exceeds the agreed upon charges as below, in which case you will receive notice from us prior to the payment being collected.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Footsteps Counseling Center** to charge my credit  
(full name)

card indicated below for:

Balances of charges not to exceed **\$150.00** for: claims with balances for co-insurances and deductibles which are reflected on your explanation of benefits or agreed upon payment plans.

I understand that this authorization will remain in effect until counseling is completed or I cancel it in writing, and I agree to notify Footsteps Counseling Center in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall after service hours, I understand that the payments may be executed on the next 1-3 business days. I certify that I am an authorized user of this credit card/bank 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. \_\_\_\_\_ Initial here.

Patients Name: \_\_\_\_\_

Card holders Name: \_\_\_\_\_

Card holders address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ HSA \_\_\_\_ other

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

### Credit Card

Visa

MasterCard

Amex

Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_