

**Credit Card Authorization Form**

In the following agreement, the undersigned approves and authorizes ClearView Counseling to use the credit card on file, as entered into this document, which is also saved in the electronic health record, and to initiate charges on this account as total amounts are owed to CVC.

ClearView recognizes that the application of credit card or debit transactions to your account must comply with the provisions of United States law. Charges may be made to the credit card account periodically to pay for amounts owed to CVC. This payment withdrawal may be seen immediately following session and put through by therapist or at the end of the week by admin support (if therapist has not already put the charge through). A missed remaining balance on an account may be charged at a later time. The individual on file or identified client will receive an emailed receipt. The undersigned and or client is responsible for updating any changes to credit card information or need for an additional card to be added to the payment system and electronic health record.

ClearView will charge the credit card on file in accordance with the information found on the signed CVC adult or child initial forms and consents for treatment. If a charge is processed and declined due to insufficient funds or any other problems, the client may be billed for any fee associated with the decline of the credit card. Failure to pay fees may result in termination of services with CVC. Termination will be documented and presented to client verbally and/or in writing.

Payments are expected on the day of service with therapist. This agreement will be in effect until CVC has received in writing an agreement of termination from the identified client and/ or undersigned.

The identified client or undersigned will acknowledge that he/she/they is/ are an authorized user on the card being used or s/he/they have been given permission to utilize the card indicated below. If a fraudulent accusation occurs, as a result of using this card, CVC will cooperate with authorities to prosecute any illegal activity. Please make sure you have permission of the cardholder to use the credit card on file. Please complete all fields.

Card Type: ☐ MasterCard ☐ VISA ☐ Discover  
Cardholder Name (as shown on card):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Expiration Date (mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Card Verification Code (final three digits of the number printed on the signature strip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client name or guardian if under 18), authorize ClearView Counseling Services to keep my credit card on file and give permission to charge my card following session with therapist or at the end of the week by admin support if my therapist did not collect.

I understand that I will be charged the amount of co-pay indicated with my insurance plan or the appropriate contracted rate towards my deductible. If I am a private pay client, the charge will be whatever that agreed upon amount is with my therapist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature date