



1095 Pingree Rd Suite 204, Crystal Lake, IL 60014  
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### Credit Card Authorization Form

Because there are times that our clients may not pay at the time of session, e.g. forgotten checkbooks, minors coming to therapy without parents, etc.,,) we ask that you provide us with a credit card to keep on file, to which any unpaid balance may be charged monthly.

I, \_\_\_\_\_ authorize Behavioral & Counseling Services and its authorized contractors to keep my signature on file and to charge my credit card as outlined above. I understand that this form is valid for one year unless I cancel the authorization through written notice to the health care provider.

Visa                       Mastercard                       Discover                       Amex

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Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Client Name: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Client Signature: \_\_\_\_\_