



Credit Card Authorization

The Colorado Center for Assessment & Counseling requires a credit card on file. You may use this card to pay for services if you would like. We will NOT charge this card without your permission, **except in the following cases (please check the boxes below to indicate understanding of these circumstances):**

- Late cancels or appointment no-shows
- Your bill is more than 90 days past due, without alternative arrangements in place

Please check the box below if you would like us to charge the card *automatically* for any copayments, coinsurances, or other balances owed on an ongoing basis:

- I would like to use this card to pay for ongoing services. Please charge this card below immediately after my appointment(s) for any balance up to \$_____.

I, _____, authorize Colorado Center for Assessment & Counseling to use my credit/debit card information to charge my credit/debit card. **I understand that this card will be charged immediately for either late cancellations, no-shows, and past due balances, as outlined in the Office Policies document.**

PLEASE PRINT CLEARLY

Card Type (circle one): Visa Mastercard Discover American Express
 Card #: _____ Expiration Date: _____
 Name as Printed on Card: _____
 Verification/Security Code (3 digit code on back of card by signature line): _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____

By signing below I am authorizing Colorado Center for Assessment & Counseling to charge the above card in the designated manner. My signature also indicates that I will inform my clinician of any changes to this billing information over the course of our work together.

Client Printed Name

Client signature

Date