



CREDIT CARD AUTHORIZATION FORM

Blooming Minds Therapy, uses an integrated electronic medical record-keeping system for client charts and credit card processing. This form serves as authorization to input your credit card information into our secure system and charge the card when a balance becomes due on the account.

Typical charges that are placed on your credit card include: co-payments, deductibles, document preparation/report writing fees, late cancel and no-show fees, and returned check fees. Should you choose not to pay with a credit card, you may also pay with a check or cash.

Type of Card(check one): Mastercard Visa American-Express Credit / Debit / HSA

Name of Cardholder: _____

Card No. _____

Expiration date: _____ CVV2 (security code): _____

Billing Address: _____

City/State: _____ Zip Code: _____

Authorizing
Signature: _____ Date: _____

Client name
(printed): _____