

# Advanced Counseling and Assessment Services

## Credit Card Authorization Form

I, \_\_\_\_\_, authorize Advanced Counseling and Assessment Services to charge my credit card for payment due on my account.

I understand:

- the agreed upon charge per session will be charged to this card after each session, \$ \_\_\_\_\_.
- the balance remaining, after insurance has processed the claim, will be charged to this card and a receipt will be mailed to me.
- it is my responsibility to notify Advanced Counseling and Assessment Services of any changes to my credit card including cancellation of the card, new card number, expiration date, etc.
- I can dispute my insurance company's determination of benefits.
- an adolescent attending a session without a parent or guardian at the office the session will be charged to this credit card.
- this form is valid until I cancel it through written notice to Advanced Counseling and Assessment Services.

CC Holder's Name: \_\_\_\_\_

CC Holder's Address: \_\_\_\_\_

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

Credit Card Holder's Phone #: \_\_\_\_\_

Type of Card:  Master Card  Visa

Credit Card Number: \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_

CVV2 Code: \_\_\_\_\_ (Three numbers on back of card.)

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

Credit card authorization revoked as of \_\_\_\_\_.  
Date

Reason: \_\_\_\_\_

Signature of ACAS employee: \_\_\_\_\_