

Rauser Counseling, LLC

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**Credit Card Authorization**

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

Name printed on the card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ CVC 3-digit code: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Billing address: \_\_\_\_\_

Email address for invoice: \_\_\_\_\_

Please use this card as my primary method of payment: Yes No

Is this a Health Savings Account or Flexible Spending Account card? Yes No

If yes, please list another card below as a back-up method of payment in the event of No Show/Late Cancellations charges. HSA/FSA cards cannot be used for fees unrelated to services rendered.

**Back-up Payment Method (cannot be HSA/FSA card):**

Name printed on the card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ CVC 3-digit code: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Billing address: \_\_\_\_\_

Email address for invoice (if different than above): \_\_\_\_\_

By signing below, I authorize Rauser Counseling LLC to keep my credit card information on file and charge any fees that are my responsibility listed in the Policies and Informed Consent Agreement. I understand and give permission to charge my card for any No Shows or Late Cancellations not made with 24 hours' notice, unless an exception has been made at the discretion of Rauser Counseling. Rauser Counseling LLC agrees to only charge for services rendered or for fees outlined in the Policies and Informed Consent Agreement.

I understand that this authorization will remain in effect until I cancel it in writing and provide another method of payment. I agree to notify Rauser counseling of any changes pertaining to either card immediately. I certify that I am an authorized user of one or both credit cards and will not dispute these scheduled transactions with my credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_