



Samantha Wakach, LCSW

Client Credit Card Authorization Form

Client Credit Card Pre-Authorization

In an effort to better serve my clients and simplify your billing experience, my practice offers credit card acceptance. Charge card information is kept secure in my electronic client management system.

Policy:

Outstanding balances are due within 30 days of the invoice date. After the 30th day, balances are considered past due, unless payment arrangements have been discussed and agreed upon with Samantha Wakach, LCSW. Account balances 30 days past will automatically be charged to the card on file (including a 3% processing charge).

Payment Information:

Client Name: _____

Address: _____

Type of Card (check one): Visa Amex Mastercard Discover

Card Number: _____

Expiration Date: _____

Security Code: (last three digits on card, last four on AMEX) _____

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____

Date: _____

Please check one:

Card Holder is the client (or parent/legal guardian) receiving services from Samantha Wakach, LCSW. I hereby authorize Samantha Wakach, LCSW to charge the above credit card number for payment of the counseling fees I or my minor child/ren incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above.

Client/Parent/Legal Guardian Signature

DATE

Card Holder is a third-party payer for the client receiving services from Samantha Wakach, LCSW. I _____, hereby authorize Samantha Wakach, LCSW to charge the above credit card number for payment of the counseling fees (Client) _____ incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above. I understand as a third-party payer that I am only entitled to receive information concerning payment and that this Credit Card Authorization Form does not authorize me to receive any confidential and protected information about Client beyond payment.

Third-Party Payer's Signature

DATE

***If your credit card does not go through, you do not have a credit card, or you do not wish to provide your credit card information, in the event your account remains past due for sixty (60) days, your account may be sent to collections. Samantha Wakach, LCSW reserves the right to send your account to collections, in accordance with Samantha Wakach, LCSW policies and procedures; at any time after your account is considered past due. By signing this authorization form, you agree to notify Samantha Wakach, LCSW of any changes to your credit card information such as a new expiration date or when your credit card has been cancelled, lost, stolen, or revoked. A new form must be submitted if information such as the list of authorized users and the credit card account's expiration date is amended.

***This credit card authorization form will remain in effect and on file by Samantha Wakach, LCSW unless revoked in writing or until the therapeutic relationship is terminated, at which time, authorization to charge your credit card will be revoked, unless an outstanding balance remains on your account after termination. Samantha Wakach, LCSW will not share your credit card information with any third party without your consent. Your credit card information will be kept confidential.