

CLIENT AUTHORIZATION RECURRING AUTO PAYMENT FORM

*I understand that I may have a deductible, copay or cancellation fee, and I authorize **Great Lakes Counseling and Wellness Center** to charge these fees to my account on a regular recurring basis to bring the account listed current. after my session.*

I understand it is my responsibility to monitor my credit card charges and verify that payments are processed properly. I also recognize it is my responsibility to contact my insurance company if I don't understand my deductible and/or copay.

Client's Name: _____

Name of Cardholder: _____
**As it appears on card*

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Security Code: _____

Client/Parent/Legal Guardian's Signature

Date