

Card on File Agreement

Please note that HRC requests that clients put a credit or debit card on file. This policy decreases the number of bills you receive, saving you time and reducing paper usage. We protect your card information with the same care that we protect your health information.

I hereby authorize HRC Behavioral Health & Psychiatry to use the credit/debit card listed below in the following manner:

Type of Card _____

Card Number _____

Expiration Date _____

Name on Card _____

Security Code on back of card _____

Email Address _____

Billing Zip Code _____

1. ____ (initials) Please keep this card information on file in order to bill for any account balance owed.
2. ____ (initials) I authorize this card to be used to make payments based on payment plan arrangements. Details of payment arrangements to be listed here: _____

Signature: _____ Date: _____

****If at any point you have any questions about a charge on your card, please contact our office as soon as possible.****