

## Credit Card Authorization Form

I hereby authorize HRC Behavioral Health & Psychiatry to use the credit 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 for which I am listed as the guarantor, until I ask for this arrangement to be canceled.

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_ (initials) I authorize this card to be used for a one time transaction in the amount of \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_