

Credit Card Consent Form

This form is voluntary. If no credit card information is filed, you will be sent an invoice

Name: _____

Name on card: _____

Card type: _____

Card number: _____

Expiration date: _____

CCV: _____

I authorize Eliza Behrsing LICSW, LLC to charge my credit/debit/health account card for professional services. I understand that my information will be saved (in a HIPAA compliant format) for future transactions on my account.

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied.

Client initials: _____

Cardholder initials: _____

Date: _____

Signature: _____