

MBT LLC Debit/Credit Card Authorization Form – One Time & Repeat Sessions

AUTHORIZATION OPTIONS (Please choose one)

I hereby authorize a onetime charge against my card in the amount of \$ _____

I hereby authorize a recurring charge against my card for the following amount \$ _____

every _____ day(s)/week(s)/month(s) beginning ____/____/____ and ending after _____ sessions.

* All balances will be charged on the date of the form and attempted thereafter. Open charges will be applied prior to billing closing dates. Any status changes to the payment option on file must be provided. New appointments may not be scheduled until outstanding balances are cleared. No exceptions! Our therapy includes important coping skills; building self-control, accountability and responsibility. This policy assists with such practice.

CARDHOLDER INFORMATION

Name: _____

Billing Address: _____

Street Address (cont.): _____

City: _____ State: _____ **BILLING** Zip Code: _____

Country: _____ Receipt Email : _____

Address: _____ Direct Telephone: (____) _____

DEBIT/CREDIT CARD INFORMATION

Card Type: Debit _____ MasterCard HSA Visa Discover Am Ex

Number: _____ Security Code: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

* **Please note:** For providing the convenience, card transaction based on type will incur a 4 -5% surcharge to your bill. I authorize MBT to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify MBT in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in the office policy and this authorization form.