

Connect Counseling Center, LLC

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Credit Card Authorization Form

This form is to ensure accountability and responsibility for payment for any additional fees that accrue on your/your child's account. This includes late cancellation fees, no show fees, court document fees, etc. Your insurance is not altered in this process and will remain intact. If you refuse to fill out this form, you will be required to provide other forms of payment including cash or check at the time of service. All credit card payments must be completed through this form, we do not 'swipe' cards at the time of service.

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Client Name: _____

Credit Card Information:

Card Type: ___ Mastercard ___ Visa ___ Discover ___ AMEX ___ Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVV: _____

Billing Zip Code for card: _____

I, _____, authorize Connect Counseling Center, LLC to charge my credit card above for services rendered or any other fees that I may owe. I understand that my information will be saved to file for future transactions on my account.

Signature

Date