



Credit Card Authorization Form

Zion Restoration Counseling Services requests that you provide your credit card information below. If you choose to pay by credit card, your credit card will be charged the cost of the session or co-pay (if using insurance) after each session on the day the session occurs. If you choose to pay by cash or check, your credit card will only be charged if your account is past due and/or for any additional fees you and/or your minor child/ren incur such as **late cancellation or no-shows fees**.

- I do not authorize **Zion Restoration Counseling Services** to charge my credit card after each session but only for additional fees I and/or my minor child/ren incur as set forth in the business disclosure statement and policies. I will be notified of the type of additional fees I and/or my minor child/ren incur.
- I authorize **Zion Restoration Counseling Services** to charge my credit card on file _____ after each session and for any and all additional fees I and/or my minor child/ren incur. If your credit card does not go through, you do not have a credit card, or you do not wish to provide your credit card information, in the event your account remains past due for thirty (30) days, your account may be sent to collections.

Zion Restoration Counseling Services reserves the right to send your account to collections, in accordance with Zion Restoration Counseling Services policies and procedures; at any time after your account is considered past due.

By signing this authorization form, you agree to notify your therapist at **Zion Restoration Counseling Services** of any changes to your credit card information such as a new expiration date or when your credit card is cancelled, lost, stolen, or revoked. A new form must be submitted.

PLEASE CHECK ONE:

- Card Holder is the client (or parent/legal guardian) receiving services from Zion Restoration Counseling Services
- Card Holder is a third-party payer for the client receiving services from Zion Restoration Counseling Services

Zion Restoration Counseling Services ACCEPTS THE FOLLOWING CREDIT CARDS:

- VISA DISCOVER AMERICAN EXPRESS MASTERCARD

Name on Credit Card: _____

Credit Card Number _____ Expiration Date _____ CCV Code _____

Card Holder's Signature _____

Address _____

Zip Code _____