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## Credit Card Authorization Form

I, \_\_\_\_\_, authorize Chicago Christian Counseling Center to charge my credit card ending in \_\_\_\_\_.

Select one of the following payment options:

- At the time of service for a determined amount disclosed to my provider or Billing Office.
- For the account balance in entirety at the end of each billing cycle. Charged amount will not exceed \$\_\_\_\_\_.
- On the \_\_\_\_\_ day of each month in the amount of \$\_\_\_\_\_ until the account balance is paid in full.

Payments will be applied to the following client account:

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Maintaining a valid credit card on file is the responsibility of the Card Holder. Should a payment be declined, the Responsible Party listed on the Client Account will be billed for any unpaid balances. Should a balance be higher than the approved amount per the Card Holder, the Responsible Party will be billed the remaining unpaid balance.

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