



MURRAY, WILSON & ROSE
COUNSELING AND BEHAVIORAL SERVICES

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will be active until six months after discharge.

I, _____, authorize MWR Counseling and Behavioral Services to charge my credit card for applicable recurring charges which include: copays, deductible payments, co-insurance payments and late cancel/no show fees. Your card will be charged the day of scheduled appointments or the following business day. I understand that my information will be saved to a HIPAA and PCI compliant file for future transactions on my account.

Debit/Credit Card Information or HSA	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other	
Cardholder Name (as shown on card):	
Card Number:	CCV:
Expiration Date (mm/yy):	

Billing Address	
Street:	
City, State:	Zip Code:
Phone Number: ()	
Other Notes:	

Client Signature: _____ Date: _____

This form will be kept for six months after discharge and then shredded.