



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.

<b>Debit/Credit Card Information or HSA</b>	
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):	

<b>Billing Address</b>	
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.