

Keith Miller Counseling, LLC

CREDIT CARD BILL PAYMENT AUTHORIZATION FORM

I understand I will be charged for unattended or canceled appointments unless 24 hours notice is given.

I understand that a discount is available to me if I pay by check, cash or ACH debit and I would prefer to pay by credit card instead.

Unless I provide another form of payment, I authorize you to bill directly to the (circle one)

VISA

DISCOVER

AMERICAN EXPRESS

MASTERCARD

Listed below:

Name as it appears on credit card _____

Billing Address _____

Card number _____ Expires _____

CVV2 Code _____

Signature _____ Date _____

I agree to pay according to the Card Issuer Agreement.

Services rendered/Items purchased: Psychotherapy

Bill my charge of _____

Fill out the transaction amount above and select "one-time only" or "recurring" authorization.

One-time authorization: For date(s) _____

Recurring authorization as needed