CREDIT CARD AUTHORIZATION FORM

COUNSELING CENTER AT HAMILTON, LLC
277 SODEN DRIVE
HAMILTON, NJ 08620
609-890-9998

The Counseling Center at Hamilton, LLC requires you to provide your credit/debit card information on file with us so we can automatically charge any co-pays, co-insurance, deductible amounts, and professional service charges such as late cancellation or missed appointment fees. Please be advised the financial agreement you have signed with CCH requires you to give your therapist 48-hour notice of cancellation to avoid being charged a $50 late fee. It is the client's responsibility to keep cards accurate and up to date and to provide CCH with new information as your card changes. The processing fee is 1.00 per credit card transaction. Payment will be charged at the time of service. An email receipt can be sent upon request.

Client first name:

Client last name:

Card holder email:

Please place check next to card you are using:
VISA
MASTERCARD
DISCOVER
AMEX
OTHER

Card Holder Name:

Card Holder address including zip code:

Credit card number:

Expiration date: **Month:** **Year:**

(CVC)Security Code:

Is this card linked to Health Savings Account (HSA) or Flexible Spending Account (FSA)? Yes No

Your signature below indicates that you have read and understood our credit/debit policy. You are authorizing Counseling Center at Hamilton, LLC to charge the above card for ongoing payment toward your balance. You are aware that your information will be saved on file for a future transaction on your account.
Signature:
Date: