



## AUTHORIZATION FOR CREDIT CARD PAYMENT(S)

Clients Name: \_\_\_\_\_

(Circle One) VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

Cardholder Email Address: \_\_\_\_\_

I authorize Embrasse Treatment Center to charge the following items that I have **initialed**:

\_\_\_\_\_ Deductible Expenses \$ \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Out of pocket Expense \$ \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Private Pay for \$ \_\_\_\_\_

\_\_\_\_\_ Pay for all Expenses that not cover by client's insurance and or client

\_\_\_\_\_ Pay for all Expenses that not cover by client

Cardholder Authorized Signature: \_\_\_\_\_

(Cannot be digital)