

**Credit/Debit Card Authorization Form – Mental Health Services**  
Ministry of Counseling & Enrichment \* 1502 N 1<sup>st</sup> Street \* Abilene, TX 79601

**Please complete the following information:**

I, \_\_\_\_\_ (print name as it appears on the credit card) authorize First Baptist Mission Action, Inc. to charge my credit card for charges incurred by \_\_\_\_\_ (print name of client receiving services). I understand that per clinic policy, my credit card will be charged in the event of a failure to keep a scheduled appointment with less than 24 business hours notification as agreed to in the Informed Consent. Furthermore, for any outstanding payments of services rendered, I authorize First Baptist Mission Action, Inc. to charge my card for the full amount due.

I will not dispute charges for sessions that have been received or that have not been cancelled within 24 business hours in advance. I further authorize First Baptist Mission Action, Inc. to disclose information about my attendance or cancellation to my credit card company if I dispute a charge.

I understand that there will be a \$25 fee for any declined credit card charge.

By signing, I acknowledge that this form serves as prior notice of charges and that I have read, understood, and agreed to the terms above:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Card Type: (circle one)    Visa    MasterCard    Discover    American Express

Full Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

3 digit Verification Code: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_  
(Street, City, State, and Zip Code)

**Signature of Card Holder:** \_\_\_\_\_

*\*This form is considered protected health information and will be securely stored in your clinical file. The information may be updated upon request at any time. **Please note, your credit card will be charged at time of service, whether on line or in person. It will also be charged if there is a no show or if cancellation is less than 24 hours, per agreed upon policy in the informed consent. If you are experiencing financial hardship it is your responsibility to inform the Counseling staff that you are unable to make your payment.***