

Liz Mau, MS, LP
River Woods Counseling Services

Authorization for Recurring Credit Card Charges

I hereby authorize Liz Mau, M.S., L.P. to retain my credit card information and authorization noted below, and to charge the credit card for any deductibles, coinsurances, copayments or other services rendered to/for the persons listed below. Charges are to be entered only for those balances due that are not covered by insurance. A copy of the credit card receipt and an account statement will be sent to the client/guarantor with each charge.

Credit card charges are authorized for the following clients:

Name:

Date of Birth:

Name:

Date of Birth:

Type of Credit Card: Visa MC Discover Am Express

Account Number: _____

Security Code: _____

Expiration Date: _____
 MM YY

Name on Credit Card: _____

Relationship to Client(s): _____

Credit Card Billing Address: _____

This signature is valid until services are completed. In order to cancel this agreement, I agree to inform Liz Mau M.S., L.P., prior to the last rendered service and make other arrangements for payment of services rendered.

I also agree that I will not dispute any charges for services rendered with my credit card company without first making a good faith effort to remedy the situation directly with Liz Mau M.S., L.P. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with Liz Mau M.S., L.P.

Authorizing Signature: _____ Date: _____