**Credit Card Authorization Form**

I am pleased to accept credit cards, debit cards, as well as flexible spending account cards. For your convenience, you may authorize me to charge your card automatically for payments and other balances.

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| **Card Holder Information** | |
| Card Holder Name: Patient Name: | |
| City: | State: Zip: |
| Telephone: | Alt. Telephone: |
| Billing Address (if different from above): |  |

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| **Payment Authorization** |
| Card Type: Visa MasterCard Discover  Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Card Identification Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (This is the 3 digits on the back of your card)  **Recurring Charge Authorization:** The undersigned card member consents and permits, Dr. Laura A. Zipris, PA, as applicable, to charge to this credit card account the agreed upon amounts due from me for the services provided to me during the applicable billing cycles. \_\_\_\_\_\_\_\_  Initial  I hereby authorize payment for late cancellations to Laura A. Zipris, P.A. using the credit card specified on this authorization form. I understand that I will be charged on the day of my scheduled appointment if I fail to show up or if I fail to give **at least** 24 hours notice. I further authorize Laura A. Zipris, P.A. to maintain my credit card information on file. I agree that I will pay for these sessions and indemnify and hold Laura A. Zipris, P.A. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as the authorizing signature on the credit card charge slip. This authorization will remain in effect until such time as a written request to cease charges is received by Laura A. Zipris, P.A. \_\_\_\_\_\_\_\_\_\_  Initial  Laura A. Zipris, P.A. will process all charges using a secure bank card service.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name Signature Date |