



# RIVER VALLEY BEHAVIORAL HEALTH & WELLNESS CENTER, LLC

## Credit Card Payment Authorization Form

(All Information will remain in the possession of River Valley and will remain confidential)

Please sign and complete this form to authorize River Valley Behavioral Health and Wellness Center to apply charges to you credit card listed below.

By signing this form, you give River Valley Behavioral Health and Wellness Center permission and authorization for the following:

Permission for my credit card to be charged for **my child's co-payment** at the time of their service.

OR

Permission for my credit card to be charged on the 1st and 15th of every month if there is a balance on **my account**.

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Please complete the information below:

I, \_\_\_\_\_, authorize River Valley Behavioral Health and Wellness Center, to charge my credit card account indicated below for payments as outlined above.

Billing address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:      Visa                      Mastercard                      Discover

Cardholders Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

CVV (3 digit # on back of Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_