



RIVER VALLEY BEHAVIORAL HEALTH & WELLNESS CENTER

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 your 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 or my child's co-payment and/or balance at the time of their service.
- Permission for my credit card to be charged on the 1st and 15th of every month if there is a balance on my or my child's account.

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: _____

Name of Client: _____

Cardholders Name: _____

Account Type: Visa Mastercard Discover

Account Number: _____

Expiration Date ____ / ____ CVV (3 digit # on back of Card: _____

Signature: _____ Date: _____