



TRUE NORTH COUNSELING, LLC
Find your inner compass

Credit Card Authorization

I understand that I am financially responsible for charges associated with the treatment of the client stated below and have been duly informed of the True North Counseling, LLC Policies as were outlined in the Consent for Treatment form.

I hereby authorize True North Counseling, LLC to store my credit card in a confidential and secure manner for future transactions on the account. I authorize True North Counseling, LLC to use my credit card on file under the following circumstances:

- For any late cancellation or no-show fees assessed to the account.
- For any balance due on the account.
- At my request for payment of copay, coinsurance, deductible or balance due on the account.
- For any past due balance greater than 90 days. This will safeguard the account from being forwarded to a collection agency should the account move into delinquent status.

I understand that this form is valid until I provide notice that it is revoked. I certify that I am an authorized user of this credit card and I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in the Consent for Treatment form. I further authorize True North Counseling, LLC to disclose information about my attendance/cancellation to my credit card company if I dispute a charge.

Client Name: _____ Date of birth: _____

Signature of Credit Card holder: _____

Date: _____

True North Counseling, LLC
5814 South 142nd Street
Omaha, NE 68137
531-466-4696

Credit Card Information:

Type of Card (Visa, Mastercard, American Express, Discover, etc.):

12 Digit Card Number:

Expiration Date:

3 Digit Security Code:

Zip Code:
