

Healing Counseling Center Inc.

8751 Collin McKinney Parkway #205

McKinney TX 75070-1658

940-220-9307

3. HCC CCOF

Authorization for Automatic Credit Card Payment

Healing Counseling Center Inc.

For your convenience, and to guarantee payment for services rendered, we request documentation of a major credit card. I authorize Healing Counseling Center INC. to keep my signature on file and to charge my credit card account listed below for co-pays, co-insurance, and deductible amount not collected at time of service. In addition, I authorize Healing Counseling Center INC. to charge my credit card for any outstanding account balances following insurance determination, including fees due to late cancellation or non-attendance of scheduled appointments. I understand that credit card charges may not coincide with scheduled appointment dates. I understand that this authorization is valid until I cancel the authorization through written notice to Healing Counseling Center INC. or unless otherwise indicated. Any charges incurred by HCC Inc. for refused or declined charges will be the responsibility of the person signing this document. By signing this agreement you are giving us permission to speak directly with Bank, CC companies and Financial institution in the even of Fraudulent charges, Only Financial information will be discussed. No other information will be released .:

Card Type::

NAME : (as it appears on Card::

CREDIT/DEBIT/HSA CARD NUMBER::

EXPIRATION DATE ON CARD : MM/YY:

CVV:

BILLING ZIP CODE:

Signature::

Date::

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