

## AUTHORIZATION OF CREDIT CARD PAYMENT OF FEES

patient's name to the Chicago Cognitive Behavioral Treatment Center, LLC, for services rendered.  BILLING AUTHORIZATION: I authorize the following charges- payment of my balance in full payment of my balance whenever I forget a check or cash payment at time of therapy session  CREDIT CARD INFORMATION:  Name on card  Billing address  City State Zip  City State Zip  Cord number  Card number  Expiration  Discover Date:	l,	, authorize the payment of fees for
BILLING AUTHORIZATION:  I authorize the following charges-  payment of my balance in full  payment of my balance whenever I forget a check or cash payment at time of therapy session  CREDIT CARD INFORMATION:  Name on card  Billing address  City State Zip  Telephone  Visa MasterCard Discover HSA (If using, please provide secondary billing card.)  Card number  Expiration Security code		your name patient's name
authorize the following charges- payment of my balance in full  CREDIT CARD INFORMATION:  Name on card  Billing address  City  State  Telephone  Visa  MasterCard  Discover  HSA (If using, please provide secondary billing card.)  Card number  Expiration  Security code	to the Chicag	o Cognitive Behavioral Treatment Center, LLC, for services rendered.
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Visa MasterCard Discover HSA (If using, please provide secondary billing card.)  Card number Expiration Security code		
Card number  Expiration  Security code		Telephone
Expiration Security code		Visa MasterCard Discover HSA (If using, please provide secondary billing card.)
Expiration Security code		Card number
Signature: Date:		Expiration Security code
Signature: Date:		
	Signature:	Date:

It is the responsibility of the client and the responsible party or parties to notify the billing department at Chicago Cognitive Behavioral Treatment Center if the credit card listed on this form is cancelled or no longer valid. If there is an issue with the above listed credit card number, the parties listed above will be notified in writing and will have five (5) business days from the date listed on the Chicago Cognitive Behavioral Treatment Center's letterhead to provide an updated and valid credit card number to be kept on file.