



HOLY FAMILY COUNSELING CENTER

4411 Suwanee Dam Rd., Suite. 720 | Suwanee, GA 30024 | (678) 993-8494

Credit Card Authorization Form

The following information will be kept confidential; however, it may be shared with the billing staff of Holy Family Counseling Center and First Data Global Gateway Corporation, our billing provider.

Cardholder Name: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD) per session

I hereby authorize Holy Family Counseling Center to charge my credit card or bank account in conjunction with each date counseling services are provided. A receipt for each payment will be provided by my counselor and the charge from "Holy Family Counseling Center" will appear on my credit card or bank statement. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Holy Family Counseling Center in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing/session date. If the session date falls on a weekend, evening, or holiday, I understand that the payments may be executed within a week of client session. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Holy Family Counseling Center may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature: _____ Date: _____

Counselor Signature: _____ Date: _____