

Scott H. Pace, LPC, LCADC

Adult & Adolescent Counseling

24 Merchants Way, Suite 102 phone (732) 778-2774  
Colts Neck, NJ 07722 fax (732) 252-9240

### Credit Card Authorization Form

In adherence with our new office policy, we ask each client to keep a credit card authorization form on file in the event that you cannot or do not pay fees that are outstanding or remain as part of your visit, or as it pertains to any late/no-show fees. In this event, we reserve the right to authorize your credit card. Your signature below indicates your agreement and consent to charge your credit card for any outstanding charges for any service fees which may include late appointments, no-shows, and phone services. You will be notified in writing or via email of any charges made to your credit card account.

I, \_\_\_\_\_ (print name as it appears on credit card), authorize *Scott Pace, LLC*, to submit any charges for professional services that are rendered to \_\_\_\_\_ (print full legal name of client receiving services) to my credit card. This authorization applies to all legitimate charges for any individual whom I have accepted financial responsibility and includes all current and future outstanding charges. I understand I may revoke this authorization by sending written notice of such revocation to *Scott Pace, LLC* in such time and in such manner as to afford *Scott Pace, LLC* a reasonable opportunity to act on the written notice.

Name on Credit Card: \_\_\_\_\_

Type of Credit Card:  Visa  MasterCard  American Express  Discover  Other: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Verification Data: \_\_\_\_\_ (3 digits on back of credit card, 4 digit on front for Amex)

Zip Code applicable to Credit Card: \_\_\_\_\_

Full legal name of client authorized for use: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

I decline to provide credit card information for authorized use to *Scott Pace, LLC*, but agree to accept responsibility for any and all financial obligations regarding services rendered by *Scott Pace, LLC*. I understand that refusal to do so may result in unpaid balances being sent to collections.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_