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Credit/Debit Card Authorization Form

Petrohilos & Associates Counseling prefers that all clients have a credit card on file. This assists in the collection of payments due at the time of service and balances that accrue. Account numbers are kept secure. Charges and fees are described in the Benefits Inquiry and Informed Consent.

I authorize Petrohilos & Associates Counseling to process payments on my credit/debit card for any and all balances that may accrue for session at Petrohilos & Associates Counseling. This includes cost of sessions, co-pays, co-insurance, phone consultation and late cancellation/no-show charges. Receipts available upon request.

Client Name _____
DOB

Cardholder Name (Please print) _____
DOB

Card Number (16 digits) _____
Expiration Date(M/Y) _____
V Code (3 digits)

Type of card Visa Master Card Discover

Credit Card Billing Address: City State Zip

Signature of cardholder/guarantor Date: _____