



125 W. 55th St., Suite #200, Clarendon Hills, IL, 60514 | www.petrohiloscounseling.com |
630-286-2785

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 <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover		

_____	_____	_____	_____
Credit Card Billing Address:	City	State	Zip

_____ Date: _____
Signature of cardholder/guarantor