



*Northside*

FAMILY COUNSELING CENTER

## CREDIT/DEBIT CARD AUTHORIZATION

All fees are due at time of service unless insurance arrangements have been made in advance. NFCC requires each client to have a credit card on file to cover expenses not covered by insurance.

Please complete the information below:

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Northside Family Counseling Center to charge my credit card for the balance due, based on charges established in Informed Consent. There is a \$50 fee for failure to cancel appointment 24 hours in advance Full fee if less than four hours.

MasterCard    Visa  
Circle One

Charge Account Number: \_\_\_\_\_ Zip Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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