

# **KENNETH GATES AND ASSOCIATES**

## **Client Credit Card Authorization**

In an effort to better serve our clients and simplify your billing experience, our practice offers credit card/HSA card acceptance. Charge card information is filed with your confidential client information and kept secure.

### OPTIONS

\_\_\_\_ I hereby authorize Kenneth Gates and Associates to make a **one time** charge for the balance currently due on my account for the amount of \$\_\_\_\_\_.

\_\_\_\_ I hereby authorize Kenneth Gates and Associates to charge my account automatically each month the amount due after insurance claims have been processed. Cards will be charged the **THIRD FRIDAY** of each month.

\_\_\_\_ I hereby authorize Kenneth Gates and Associates to charge my account automatically after each counseling visit in the amount of \$\_\_\_\_\_ (this is the amount of your co-pay or co-insurance). Cards will typically be charged the **FRIDAY or SATURDAY** following your counseling session.

### PAYMENT INFORMATION

**Client Name:** \_\_\_\_\_

**Client Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Type of Card:**

**VISA**

**MasterCard**

**DISCOVER NETWORK**

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

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

**Security Code:** \_\_\_\_\_

**The undersigned guarantees performance of the financial provisions of this agreement.**

This card is a(an):  Credit Card

Debit Card

HSA Card

**Card Holder Name:** \_\_\_\_\_

**Signature of Card Holder:** \_\_\_\_\_

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

### CHARGE POLICY

\_\_\_\_ (initial) Being the authorized cardholder by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

\_\_\_\_ (initial) Charges made for actual services performed by our office are non-refundable. In the event of pre-payment any unused funds will be refunded within 30 days.

\_\_\_\_ (initial) Kenneth Gates and Associates is not responsible for charges that result in a overdraw of the cardholders account. If there are concerns about this taking place, please use a different form of payment.

To receive a receipt of the charges processed please provide a valid email address:  
\_\_\_\_\_