

ELECTRONIC PAYMENT AUTHORIZATION

The following forms of payment are accepted: Visa, MasterCard and Discover. Counseling fees will be charged to the designated credit/debit card at the time services are rendered, and will appear on your statement as "Integrus Counseling Associates."

Client Name: _____ Date of Birth: _____
Address: _____ City _____ State: _____ Zip: _____
Home Number: _____ Mobile Number: _____

Cardholder Information:

Please indicate the name and address associated with the credit or debit card you wish to use.

Name: _____
Address: _____ City _____ State: _____ Zip: _____
Email: _____

_____ I authorize any service fees to be deducted from the credit or debit card ending in _____
(provide the last four digits of the card).

Cardholder Signature Date

Credit/Debit Card Information:

Please provide your payment information below. The debit or credit card information you provide on this form will be destroyed once your first payment has been made.
Card Type (check one): Credit Card _____ Debit Card _____
(circle one): Visa MasterCard Discover
Card Number: _____
Expiration Date: _____