



BANYAN
THERAPY GROUP
REFUGE - RECOVERY - RESTORATION

CREDIT/DEBIT CARD PAYMENT CONSENT FORM



CLIENT NAME		
First:	Last:	MI:
NAME ON CARD (IF DIFFERENT)		
First:	Last:	MI:
I authorize <i>Banyan Therapy Group</i> to charge my credit/debit card: (please initial): <p style="text-align: center;">As per my signed agreement with provider for any sessions in which I do not provide another form of payment, or for any late cancel or no-show fee.</p> _____		
_____ For recurring charges per visit, not to exceed \$_____.		

TYPE OF CARD		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card Number:	Expiration Date:	CW:
CARD HOLDER'S BILLING ADDRESS FOR CREDIT CARD STATEMENTS		
Street:		
City:	State:	Zip:

If I have questions about these charges, I agree to contact my provider. I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by my provider.

Card Holder Signature: _____ Date: _____