

Smithson Valley Counseling Center  
PRE-AUTHORIZED BILLING AGREEMENT

I authorize Smithson Valley Counseling Center, to keep my credit card information and signature on file. Charges will only be made to my card for the following reasons:

- **Appointments attended-** I may request for my card to be charged after each appointment to save time at the end of each session.
- **Returned checks-** I understand that my card will be charged for any outstanding balance on my account plus a \$25 administrative fee for returned checks.
- **Charges for missed appointments-** I understand that the SVCC has a 24-hour cancellation policy and my card will be billed for the full amount of any session if I do not attend a scheduled session that is not cancelled or rescheduled at least 24 hours prior to the scheduled time and day.

I understand that my credit card information will be destroyed 120 days after the last session that I attend with my therapist. I may revoke this agreement at any time by providing a request in writing.

SVCC Therapist: \_\_\_\_\_

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

Card holder's Name: \_\_\_\_\_

Card holder's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Visa Security code (3 digits on back) \_\_\_\_\_

Discover Security code (3 digits on back) \_\_\_\_\_

Mastercard Security code (3 digits on back) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature below acknowledges client agreement with terms above, and agreement to pay total balance according to the card issuer agreement.

Signature \_\_\_\_\_