



Credit/Debit/HSA Card Authorization

I, _____ authorize Viewpoint Counseling staff to my credit/debit account for outpatient therapy services received by _____.

Cardholder Name	Card Number	Exp Date	CVN Code	Zip Code

**Cards not accepted: Discover and American Express*

Note: This card will be charged within 72-hours of receipt of services. If the card is declined a staff member will contact you to obtain payment immediately.

Email address for Receipt

Signature

Date