



PEACE COUNSELING &
SUPPORT SERVICES
..... MARINETTE

RECURRING PAYMENT AUTHORIZATION FORM:

For recurring payments (co-ins/co-pays/deductibles) Peace Counseling & Support Services will automatically charge your Visa, MasterCard, American Express, or Discover Card (including Flex Spending or HAS cards).

Here is how recurring payments work at Peace Counseling & Support Services

You authorize regularly scheduled charges to be withdrawn from your debit or credit card. You will be charged your insurance statement amount (or dollar amount agreed upon at appt scheduling) for each billing period or session on or after the day of your session. A receipt for each payment will be provided to you, upon request. The charge will appear on your statement as an "ACH Debit". **You agree that no prior-notification will be provided, but agree to quoted or processed insurance benefits &/or office contracted out-of-pocket.**

☐ Visa	☐ MasterCard
☐ American Express	☐ Discover
Cardholder Name: _____	
Account Number: _____	
Exp Date: _____	
CVV: _____	
Email Address: _____	

Zip Code: _____

I _____ authorize Peace Counseling & Support Services to charge my credit card for each counseling session. I understand the quoted out-of-pocket expense may change, as insurance estimates are only quoted and not guaranteed. Peace Counseling & Support Services will follow through with charging the statement balance after insurance processes your claim. If a session is not cancelled with a minimum of 24-hour notice, as stated in the intake agreement, my card may also be charged a \$55.00 no show/late cancellation fee.

I understand this authorization will remain in effect until I cancel it in writing and I agree to notify Peace Counseling & Support Services in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that if the payment date falls on a holiday or weekend, and is also subject to office work hours, the payment may be executed the next business day or after. I acknowledge the origination of ACH transactions to my account must comply with provisions of U.S. law. I certify that I am an authorized user of this debit/credit account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date _____