Credit Card Authorization Form

All claims are submitted to insurance to determine client's responsibility. This credit card will be charged if you have a Co-Pay, Co-Insurance or Deductible after IPC receives a remittance from your insurance company.

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express ☐ Debit ☐ H.S.A.	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	CVS Code
Cardholder ZIP Code (from credit card billing address):	

I,_____, authorize **Innovative Psychological Consultants, LLC** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date