

Thriving Families
1230 NE 3rd St, Ste A-160
Bend, OR 97701
(541) 668-6891

ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through this business. The following forms of payment are accepted: Visa, MasterCard, American Express, and Discover. Service charges will be deducted from the designated account at the time services are rendered. Information provided is entered within the same day with a merchant service provider and page 1 of this form will be shredded. The merchant service provider has the most secure method to store this valuable information.

Client Information:

Client Name: _____ Date of Birth: _____

Cardholder Information:

Cardholder Name: _____

Please provide your payment information below.

Card Type: (circle one) American Express Visa Discover MasterCard

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ CVV Number: _____

Billing Address Zip Code: _____

Thriving Families
335 NE Revere Ave
Bend, OR 97701
(541) 668-6891

I have given Thriving Families LLC my credit card information and have authorized any service charges, including sessions, cancellation fees, case management matters, or fees for legal proceedings, to be charged to my credit card. The debit or credit card authorization will no longer be valid after the termination of treatment unless there is still a balance on my account. I understand that my credit card information will be stored with a secure merchant service provider and the specific details I have provided on page 1 of this Electronic Payment Authorization form will be destroyed.

Client's Name: _____ DOB: _____

Authorized Party's Signature

Printed Name

Date