

Please check one:

Card Holder is the client (or parent/legal guardian) receiving services from WCWAC.

I hereby authorize WCWAC to charge the above credit card number for payment of the counseling fees I or my minor child/ren incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above.

Client/Parent/Legal Guardian Signature

DATE

Card Holder is a third-party payer for the client receiving services from WCWAC.

I _____, hereby authorize WCWAC to charge the above credit card number for payment of the counseling fees (Client) _____ incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above. I understand as a third-party payer that I am only entitled to receive information concerning payment and that this Credit Card Authorization Form does not authorize me to receive any confidential and protected information about Client beyond payment.

Third-Party Payer's Signature

DATE

I, _____, authorize WCWAC to communicate with the above Third-Party Payer solely as it may relate to payment for services I receive from WCWAC.

Client's Signature

DATE