
CREDIT CARD PAYMENT AUTHORIZATION

Client: John Doe

Name as it Appears on the Card:

Card Type, Number, and Expiration Date:

<input type="checkbox"/>	VISA	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	Discover	<input type="checkbox"/>	American Express
Card Number:				Expiration Date:			

I, John Doe, hereby authorize **Assured Pharmacy/Sav-On Pharmacy** to charge my credit card for any prescription co-pay(s) or uncovered medications prescribed by Blank CRM Physicians. I understand that this authorization pertains to prescriptions only.

I, John Doe, hereby authorize Blank CRM to charge my credit card the amount of \$?. I understand that this is a **NON-REFUNDABLE** payment. This payment is to go towards treatment of chemical dependency. Treatment services will begin on __ and end on __.

I, John Doe, hereby authorize Blank CRM to charge my credit card \$__ for incidentals while in residential treatment.

NOTE: It is the policy of Blank CRM to obtain authorization from this cardholder for each additional fee charged beyond the amount or dates of above services.

Authorized Signature: