



Appalachian Counseling & Psychological Services
One Oak Plaza, Suite 208
Asheville, NC 28801
Ph: (828)575-9760 Fax: (828)575-9761
www.acaps-nc.org

Credit/Debit Payment Authorization Form

We require a valid credit/debit card to be on file in order to schedule an appointment. This card will be used to charge no-show/late cancellation fees along with any and all unpaid charges that are over 60 days due, for example deductibles/co-insurance or insurance denials.

Please complete the information below

(full name as it appears on your credit/debit card)

I _____ authorize Appalachian Counseling & Psychological Services to charge my credit/debit card indicated below.

- o I understand that this authorization will remain in effect unless cancelled in writing.*
- o Should the credit/debit card not be valid and no other payment arrangements have been made, your account may be referred to an external collections agency or referred to other legal means for collection without further notice. You will be responsible for any legal fees incurred through this process.*

Provide the information below that is associated with your credit/debit card

Billing Address Associated with the Credit/Debit Card:

Phone# _____

Credit/debit Card Information

Visa	MasterCard
Amex	Discover
Account Number _____	
Exp. Date	_____
Security Code	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Appalachian Counseling & Psychological 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. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit/debit card/bank account and will not dispute these scheduled transactions with my bank or credit/debit card company; so long as the transactions correspond to the terms indicated in this authorization form.