

CREDIT CARD AUTHORIZATION FORM

This form authorizes SBBH to charge your credit card if you miss your intake appointment. We use this form when the credit card is not available to be swiped in the card scanner. Please complete the information below.

Name on credit card _____

Credit Card Number _____ - _____ - _____ - _____ **Exp. Date** ____/____

Card Verification Code (CVC) on back of card _____

Billing street address _____

City _____ **State** _____ **Zip Code** _____

I hereby authorize SBBH to charge my credit card \$275 if I miss my intake appointment. I understand that a charge for \$1 will be made and voided to ensure the card information is accurate.

Cardholder's Signature

Date