



Home Office

24020 W. Riverwalk Ct. Suite 100
Plainfield, IL 60544

Lemont Office

12725 S Bell Road
Lemont, IL 60439

Ph # 815-577-8970 Fax# 815-577-8988

Visa / MasterCard / Discover Authorization Form

This form is optional and for your convenience.

I authorize Heritage Counseling Center Inc., to process payments on my VISA, MASTERCARD or DISCOVER for my sessions at Heritage Counseling Center Inc related to my co-pays, coinsurance amounts, deductibles and for no show charges.

I understand that if my card declines, Heritage Counseling Center Inc. may rerun amounts due on my VISA, MASTERCARD, or DISCOVER on another day when funds become available.

I also understand that I may revoke my VISA, MASTERCARD, or DISCOVER agreement in writing at any time. Receipts for payments can be printed at any time at your request.

Circle One:

Credit Card

Debit Card

Health Savings Card

Circle One:

Visa

MasterCard

Discover

Patients Name

Address

Cardholder Name

City/State/Zip

Card Number

Month Year
Expiration Date

3 Digit Code on Back

Date

Signature