Credit Card Authorization

I understand that this authorization is valid indefinitely unless I cancel the authorization through written notice. I also agree to contact Sunderlin Behavioral Interventions if there are any changes to my charge account information.

For Recurring Payment with Debit/Credit Cards
I authorize Sunderlin Behavioral Interventions to keep my signature on file to charge my debit/credit card, on an ongoing basis, for amounts I owe. I understand that I will only be charged for services that have been verified by the legal guardian who is present while the services are being delivered.

For Late Cancellation or No-Show Fees with Debit/Credit Cards
I authorize Sunderlin Behavioral Interventions to keep my signature on file to charge my debit/credit card, on an ongoing basis, for amounts I owe. I understand that I will only be charged for services that have been canceled without prior notice and do not adhere to Sunderlin Behavioral Interventions cancellation policy.

Type of debit/credit card (circle one):

American Express Visa MasterCard Discover

Child's Name:_____

Legal Guardian's Name (accountholder's name):_____

Date to begin debit/credit card payment:____/_____/_____

Cardholder Billing Address:

Address City State Zip Code

Card Information:

Card Number CVV (3-digit) Expiration Date

By signing this form electronically, you are agreeing to the terms noted above.

Cardholder's Signature Date

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