



Phone: 770-683-6946

37 Calumet Parkway, Bldg, J, Ste. 101 & 102, Newnan, GA 30263

### **Credit Card Authorization**

This form is for you to supply Willow Oak Community Behavioral Health Center, Inc. ("Willow Oak") with credit card information to keep on file for the payment of all services and fees, including but not limited to co-pays, no-shows or cancellations outside the parameters as agreed in Willow Oak's co-pay and cancellation policies. A new form must be completed for each card kept on file. Willow Oak accepts Visa, MasterCard, American Express and Discover Card.

**Card Information:** Card Type (Circle): Visa / MasterCard / Discover / AmEx

**Name on Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVV Code (Security Code):** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

Please list anyone other than the cardholder that is authorized to use this credit card.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

\*\*Please accompany this form with a copy of your driver's license or photo ID as well as for any and all parties listed above.

**I elect to participate in automatic co-payments utilizing this card, as detailed in Willow Oak's Financial Policy.**

**Yes**       **No**

I hereby authorize Willow Oak to charge the credit card listed above for the payment of all applicable services and fees. This credit card will be kept on file and will remain in effect until the expiration of the credit card account. Applicants may revoke this credit card on file by submitting a written request to the address at the top of this form. A new form must be submitted if any information such as credit card expirations or authorized users is amended. Applicants agrees to pay the cost (\$35.00) for any returned or challenged payments.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Updated March 2021*