



## CREDIT CARD PAYMENT AUTHORIZATION

Name on Credit Card:

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Billing Address:

Address		
City	State	Zip Code

Phone Number:

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Credit Card Information:

Credit Type		
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Number		
Expiration Date	CVV Security Code	Zip Code

I, \_\_\_\_\_, authorize NEXTTREND BEHAVIORAL HEALTH, LLC to charge my credit card above for services provided. I understand that charges will occur at the time of service. I will receive a receipt that will allow me to submit to my insurance provider. I understand this credit card information will be kept on file for future services, but that the utmost caution will be taken in ensuring the confidentiality of this information.

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date