



2803 Boilermaker Court, Suite 1C
219-286-7043 (O) 219-246-4655 (F)
Valparaiso, IN 46383

CREDIT CARD PAYMENT AGREEMENT

Credit Card Information			
Name of Client:		Name of Card Holder:	
Credit Card Type:	Debit ☐	Credit Card ☐	HSA Card ☐
Credit Card Number:		Expiration Date:	
Name as it appears on the Credit Card:			CVU Code:
Card Holder Signature:		Date:	
Credit Card Billing Information			
Street Address:			
City:			
State:		Zip Postal Code:	
Phone Number:			
Email:			

Secondary Credit Card Information (Required when Primary Card is an HSA Card)			
Name of Client:		Name of Card Holder:	
Credit Card Type:	Debit ☐	Credit Card ☐	HSA Card ☐
Credit Card Number:		Expiration Date:	
Name as it appears on the Credit Card:			CVU Code:
Card Holder Signature:		Date:	
Credit Card Billing Information			
Street Address:			
City:			
State:		Zip Postal Code:	
Phone Number:			
Email:			

I hereby authorize Aspire Counseling Services LLC. to withdraw amount listed to pay for therapy sessions and other pre-authorized services on a recurring basis. I also authorize Aspire to charge my secondary card on file should my primary card be denied. I recognized ongoing denials and missed payments may effect my eligibility for services at Aspire Counseling Services.

Signature Responsible Party/ Client

Date

Printed Name of Responsible Party

Relationship to Client

For Office Use Only

Session Fee/Deductible Rate:	Co-Pay Amount:
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