

**124 Winchester Ave., Suite A Monroe, NC 28110**

**(704)-931-8371**

**Credit Card on File Policy**

Union Family Services requires keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn’t cover. Copays are due at the time of service. Your credit card information is kept confidential and secure.

If you have any questions, please do not hesitate to ask.

By signing below, I authorize Union Family Services to keep my signature and my credit card information securely on file in my account. I authorize Union Family Services to charge my credit card for any no show appointments in the amount of $75.00, for any outstanding balances when due and for any refunds owed to me to be returned to my credit card.

If the credit card that I give today changes, expires, or is denied for any reason, I agree to immediately give Union Family Services a new, valid credit card which I will allow them to charge over the phone. Even though Union Family Services is not processing the new card in person, I agree that the new card may be used with the same authorization as the original card I presented.

Client’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_/\_\_\_/\_\_\_\_\_\_

Credit Card Holder’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_