

Epiphanye Counseling Services

2550 S. Telegraph Rd
Inside suite 240
Bloomfield Hills, MI 48302
Ph: (248)797-1188

Recurring Payment Authorization Form

Your payment can be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You can authorize regularly scheduled charges to your credit card. You will be charged the amount for each session (per your request), late cancellation, no show and miscellaneous charges outlined in the Informed Consent. A receipt for each payment will be provided to you in person (per your request) or by email and the charge will appear on your bank or credit card statement. You agree that no prior-notification will be provided unless the amount changes, in which case you will receive notice from us prior to the payment being collected. You are responsible for providing updated account information to process the payment timely and accurately.

Please complete the information below:

I _____ authorize Epiphanye Counseling Services (ECS) to charge my credit
(Full name)
card indicated below for charges previously outlined in the Informed Consent on each occurrence for
payment.

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CSC/CVV Code	_____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Epiphanye Counseling Services (ECS) in writing of any changes in my account information or termination of this authorization as soon as changes are made or 15 days prior to the next session (if applicable). If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient

Funds (NSF) I understand that ECS may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$3.25 charge for each attempt returned NSF from the authorized recurring payment. I understand that ECS is not responsible for any overdrawn/NSF fees of my bank. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

Client or Parent/Guardian

DATE _____