

SURPRISE BEHAVIORAL HEALTH  
16804 W. PALISADE TRAIL LANE  
Surprise, AZ 85387

Phone: 623-337-3388 [www.surprisebehavioralhealth.com](http://www.surprisebehavioralhealth.com) Fax: 623-298-2068

## CREDIT CARD AUTHORIZATION FORM

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DATE: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize SURPRISE BEHAVIORAL HEALTH to use the credit card listed below for any “no show” appointments or “late cancellations” per signed agreement. May also be used to charge any “on-line” or phone sessions Yes \_\_\_\_\_ No \_\_\_\_\_.

Card Type:

Mastercard \_\_\_\_\_

VISA \_\_\_\_\_

Discover \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_

Address (where credit card statements are mailed) including zip code:  
\_\_\_\_\_  
\_\_\_\_\_

I agree to pay all charges related to these sessions in compliance with the cardholder agreement.

Signature \_\_\_\_\_