



# Credit on File Form

*Disclosure and Understanding*

Please complete all fields. You may cancel this authorization at any time by contacting me directly.  
This authorization will remain in effect until cancelled.

*Photocopy of Front / Back of Card:*

I, \_\_\_\_\_, authorize Samantha Heuwagen, LLC, to keep on file and charge the above copied credit/debit/HSA card for services rendered after the completion of each service, or for agreed upon purchases – this will only occur when requested or required by policy. The charges will be limited to those provided for CPT Codes 90791, 90834, 90837, 90847, and/or fees for missed or cancelled sessions with notification. At any time the card holder may ask for a copy of all charges, which will be provided. By signing this form and allowing the card to remain on file, the cardholder agrees and understands the inherent risk associated with providing this information to be kept outside of their immediate oversight.

Written Card Information		
_____		
Name on Card		
_____		
Card Number		
_____	_____	_____
Expiration Date	Security Code	Billing Zip

\_\_\_\_\_  
Card Holder Name  
 Check here if signing/consenting for a minor (<17 years of age)

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

\_\_\_\_\_  
Date