

Jacob Lazarov Counseling

307 E. Michigan St. Mt. Pleasant, MI 48858 989-854-1213

Debit/ Credit Card

Information Authorization Form

Name on Debit/ Credit Card: _____

Credit Card Type (circle one): Credit Debit HSA Other: _____

Card # _____

Expiration Date: _____ **Security Code:** _____

Zip Code: _____

Employer (if this is a medical expense account) _____

Phone # _____ **Employer phone#** _____

I hereby authorize Jacob Lazarov Counseling, to utilize the above debit/ credit card to pay on my account at Jacob Lazarov Counseling for therapeutic services. I understand that there may be a fee up to 2/6% + .10cents per swiped transaction and up to 3.5% +.15 cents on non-swiped transactions to cover processing fees. We limit surcharging to credit cards only (no surcharging debit, HSA, or prepaid cards).

Client Name

Date

Responsible Party Signature