

**CREDIT CARD AUTHORIZATION FORM**

Rocky Mountain Solutions, PLLC (Calyn Crow) requests that you provide your credit card information below. If you choose to pay by credit card your credit card will be charged \$\_\_\_\_\_ after each session on the day the session occurs. If you choose to pay by cash or check, your credit card will only be charged if your account is past due and/or for any additional fees you and/or your minor child/ren incur such as late cancellation or no-shows fees.

I do not authorize Rocky Mountain Solutions, PLLC (Calyn Crow) to charge my credit card after each session but only for additional fees I and/or my minor child/ren incur as set forth in Rocky Mountain Solutions (Calyn Crow) disclosure statement and policies. I will be notified of the type of additional fees I and/or my minor child/ren incur.

I authorize Rocky Mountain Solutions, PLLC (Calyn Crow) to charge my credit card \$\_\_\_\_\_ after each session and for any and all additional fees I and/or my minor child/ren incur.

If your credit card does not go through, you do not have a credit card, or you do not wish to provide your credit card information, in the event your account remains past due for sixty (60) days, your account may be sent to collections. Rocky Mountain Solutions, PLLC (Calyn Crow) reserves the right to send your account to collections, in accordance with Rocky Mountain Solutions, PLLC (Calyn Crow's) policies and procedures; at any time after you account is considered past due.

By signing this authorization form, you agree to notify Rocky Mountain Solutions, PLLC (Calyn Crow) of any changes to your credit card information such as a new expiration date or when your credit card has been cancelled, lost, stolen, or revoked. A new form must be submitted if information such as the list of authorized users and the credit card account's expiration date is amended.

Please check one:

Card Holder is the client (or parent/legal guardian) receiving services from Rocky Mountain Solutions, PLLC (Calyn Crow)

Card Holder is a third-party payer for the client receiving services from Rocky Mountain Solutions, PLLC (Calyn Crow)

**NAME ONLY ACCEPTS THE FOLLOWING CREDIT CARDS:**

**VISA**

**DISCOVER**

**AMERICAN EXPRESS**

**MASTERCARD**

Name on Credit Card: \_\_\_\_\_

Type of Credit Card:      Visa      \_\_\_\_\_      Mastercard      \_\_\_\_\_  
   Discover      \_\_\_\_\_      American Express      \_\_\_\_\_

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

CCV Code: \_\_\_\_\_

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

Card Holder's Full Address, including zip code (the mailing address for your Credit Card statements):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This credit card authorization form will remain in effect and on file at Rocky Mountain Solutions, PLLC (Calyn Crow) unless revoked in writing or until the therapeutic relationship is terminated, at which time, authorization to charge your credit card will be revoked, unless an outstanding balance remains on your account after termination. Rocky Mountain Solutions, PLLC (Calyn Crow) will not share your credit card information with any third-party without your consent. Your credit card information will be kept confidential.

If Card Holder is a Third-Party Payor:

I \_\_\_\_\_, hereby authorize Rocky Mountain Solutions, PLLC (Calyn Crow) to charge the above bank credit card number for payment of the counseling fees Client \_\_\_\_\_ incurs; which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above. I agree to notify Rocky Mountain Solutions, PLLC (Calyn Crow) of any changes to my credit card information including a new expiration date or when my credit card has been cancelled, lost, stolen, or revoked. I understand as a third-party payor that I am only entitled to receive information concerning payment and that this Credit Card Authorization Form does not authorize me to receive any confidential and protected information about Client beyond payment.

\_\_\_\_\_  
Third-Party Payor's Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name

I, Client, authorize Rocky Mountain Solutions, PLLC (Calyn Crow) to communicate with the above Third-Party Payor solely as it may relate to payment for services I receive from Rocky Mountain Solutions, PLLC (Calyn Crow).

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name

If Card Holder is Client:

I \_\_\_\_\_, hereby authorize Rocky Mountain Solutions, PLLC (Calyn Crow) to charge the above bank credit card number for payment of the counseling fees I or my minor child/ren incur; which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above. I agree to notify Rocky Mountain Solutions, PLLC (Calyn Crow) of any changes to my credit card information including a new expiration date or when my credit card has been cancelled or revoked.

Client Name: \_\_\_\_\_

\_\_\_\_\_  
Client/Parent/Legal Guardian Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name