

Feller Behavioral Health Credit Card Authorization Form

Helping Individuals, Couples and Families Put the Pieces Together

Print Name: _____

Phone # of Card Holder: _____

Email of Card Holder: _____

Credit Card Holder's Name (exactly as it appears on the card) _____

Type of Card: Debit Credit HSA

Card Number _____ - _____ - _____ - _____

Expiration Date _____

3-digit Security Code _____

Billing Address _____

I authorize Feller Behavioral Health to charge the credit, debit or HSA card provided for copays each visit and any additional charges I request for behavioral health care services – therapy, medication management, etc.

I understand that I may cancel this authorization upon written notice to Feller Behavioral Health.

Card Holder Signature _____

* FBH will keep all card and personal information secure.