

Arizona Sexual Empowerment and Counseling Services
4323 N 12th St Suite 105 Phoenix, AZ 85014
Jennifer Monninger, LCSW (480)284-3297

Recurring Payment Authorization Form

In order to ease the billing process and reduce session time spent collecting payment, AZSECS encourages clients to keep a card on file for billing. Services will be billed at the end of the day of each session. For discretion purposes, services are billed under the business name of East Valley Therapy Services. If sessions are cancelled without 24 hours notice, the full session fee will be billed at the time of the scheduled session. This payment method can be changed any time if needed.

By providing the below information and signing this form, you are authorizing the card to be kept on file for session fees until such time as you request to update it. If payment is declined for any reason, your therapist will contact you to discuss payment plans and update payment information as needed. Please note that HSA/Flex Spending accounts can also be utilized if they are in the form of Visa or MasterCard payment.

Billing Address _____

Phone# _____ Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Card Number _____

Expiration Date _____ Security Code: _____

SIGNATURE _____ DATE _____

The signature above authorizes the above named business to charge the credit card indicated in this authorization form for services rendered.