

Ann Arbor Counseling Associates, LLC

Credit Card Authorization

It is the policy of Ann Arbor Counseling Associates that we have a valid credit card on file if you are receiving services from us. By signing below, I authorize AACA, LLC to use this signature on all of my insurance submissions or if I am choosing to be a private pay client, and authorize AACA, LLC to charge the credit card listed below for all co-pays, outstanding balances, "no-show" fees, and other charges associated with services from AACA, LLC from now until such time as I revoke this authorization in writing.

Cardholder Signature: _____ Date: _____

Name on Card: _____ Billing ZIP: _____

Credit Card #: _____ Exp. Date: _____ CVC: _____