

Credit Card On File Authorization Form

Please complete this form if you would like Jessika Redman, DBH, LPC, NCC, DAACS to keep your credit card on file for future appointments. The use of this form is optional and for your convenience. You may elect to provide us payment information with each appointment if you do not wish us to keep your credit card on file.

Information to be completed by the cardholder:

The undersigned agrees and authorizes Jessika Redman, DBH, LPC, NCC, DAACS to charge the credit card below for appointments by the company named below:

Well Relate, LLC
Jessika Redman, DBH, LPC, NCC, LPC, DAACS
333 Perry St. ste 206A
Castle Rock, CO 80104

Name (as it appears on the card) _____

Cards Type – Visa or Mastercard

CardNumber _____

Expiration Date __ __ / __ __

Security Code * __ __ __
(Security Code - 3 digit on the back of your card)

Credit Card Billing Address _____

City/State/Zip _____

Authorized Signature _____