

Quantum Counseling, Inc.
6912 Main Street, Suite 123
Downers Grove, IL 60516

Authorization for Billing and Payment

I, _____ authorize Quantum Counseling, Inc. to

send monthly billing statements, newsletters & appointment reminders to my **email** address at:

_____.

I also agree to receive phone messages and appointment reminders at the following

Phone Numbers: _____.

I also authorize Quantum Counseling, Inc. to process payment on my Visa, MasterCard, or Discover Card for services and/or any balance due that has not been paid 30 days after it is received. I understand that if there is an appointment missed and I do not follow the cancellation policy as specified, Quantum Counseling, Inc. is authorized to charge my credit card the \$75 fee. I understand that if my card is declined, Quantum Counseling, Inc. may put my credit card payment through on another day when funds become available.

My credit card information is as follows: Visa MasterCard Discover (please circle type)

Cardholder's name

Client name

Credit Card Account Number

Expiration date

Security Code

Billing Zip Code

I authorize Quantum Counseling Inc. to use this credit card to pay my copay and to process the card as stated above as "card on file". I may revoke this form by submitting a written request to Quantum Counseling Inc. I have read, understand and agree with this form. I attest that the information below is true and accurate.

Signature of Card Holder

Date