



Madison Youth & Family Services
SUPPORT • COMMUNITY • EMPOWERMENT

Permission to Retain and/or Charge for Clinical Services:





Madison Youth and Family Services clients who identify a credit card as their primary method of payment for clinical services will be requested to keep a completed credit card form on file. In instances where the parent/guardian is not available in person or client does not have the card with them at the time of the appointment, your card will be charged automatically as payment for clinical services, after the services are rendered.

I understand that to enable this convenient service, I will also be charged a 2.5% fee per transaction for the use of my credit card.

By signing below, I am authorizing Madison Youth and Family Services to charge my credit card after each session as payment for clinical services provided. I understand that I may switch to another method of payment at any time by revoking this form. I also agree that if my card is declined, I will provide an alternate method of payment upon notification.

Client Name: _____ Client # _____

Session Fee/Co-pay amount per session \$ _____

Cardholder's Name (as it appears on the card): _____	
Card Type: (circle)    	
Card #: _____	
Cardholder's Address: _____	
Expiration Date: _____	Security Code on back of card (3 digit) or (4 digit) front of Amex: _____

Cardholder's Signature

Date