



11925 Central Ave NE, Blaine, MN 55434
11188 Zealand Ave N, Champlin, MN 5531
Phone: 763.746.084 Fax: 763.220.6025

www.SoulWorkCounseling.com

PAYMENT AUTHORIZATION FORM

Payment type (circle or check): Credit or Debit

Print Name as it appears on the Card: _____

Card Number: _____

Card Expiration Date: MM _____ YYYY _____

Security Code: _____

Billing address on card (address, city, state, ZIP): _____

Acknowledgement

The practice may utilize my payment method on file for any balances, including late cancellation (cancelling a session less than 24 hours from the start time of the session) and no-show fees, without additional authorization. It is the policy of Soul Work Counseling that a credit card be kept on file for all clients. You are welcome to pay fees for services with cash, check, HSA card, or credit card. Please be assured that your credit card information will be stored in an encrypted electronic health record system. Once your credit card information is entered it is no longer viewable to any staff at Soul Work Counseling.

I authorize Soul Work Counseling to charge my card on file for any outstanding fees that are not paid in person by me, unless I have arranged an alternative payment plan.

I understand that, if I am having difficulty paying, I can speak with my provider or directly with the Soul Work Counseling billing department about alternative arrangements (main phone number: **763-746-0842**, choose the billing option).

Signature: _____ Date: _____