

The Earthheart Institute

Christine Earthheart, Bret Earthheart, MSW, LCSW

Amanda McKenzie, MA, LMHC, Andrea Golden, MA, Julie James, MS

4307 S Leonard Springs Road • Bloomington IN 47403 • 812-825-3704 • Info@CenterThrive.com

CenterThrive.com • JoyPotential.com

Facebook.com/ThrivingRelationships • Facebook.com/YourJoyPotential

Credit Card Authorization Form

To make payment as easy as possible for you, you have the option of having us keep your credit card information on file. We will simply charge your card after sessions. All information is held securely and confidentially, and you can change your payment method at any time. Thanks so much!

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Client Name: _____

Name on card, if different: _____

I authorize Earthheart LLC to charge my credit/debit card for services as described below. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. *(Initial below)*

___ Recurring charges, following each date of service.

___ To charge my card for the balance of fees not paid
by my insurance company within 90 days.

___ Special instructions: _____

Credit Card Type: __ Visa __ Mastercard __ Discover __ AmEx

Credit Card Number: _____

Expiration Date: ____ / ____

CVV Number (last 3 or 4 digits located on the back/front of the card): _____

Billing Zip Code: _____

If I have any questions about these charges, I agree to contact my provider. I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by my provider.

Signed: _____

Dated: _____

Printed Name: _____

