



Naper Clinical Behavioral Services

800 East Diehl Road ♦ Suite 100 ♦ Naperville, Illinois 60563

Office (630)577-1577 Fax (630)577-1555

CREDIT CARD AUTHORIZATION:

Patient's name _____ Date _____

Cardholder name (print) _____

Card type: Discover Visa Master Card AMEX **Is this a debit card?** Y N

Credit card number _____

Expiration date _____

Security # on back of card _____

Amount to be charged _____

Zip code or credit card _____

I authorize *Naper Clinical Behavioral Services* to charge my credit/debit card for copay(s) and or payments on my account. I am also aware that there is **3.5% fee** that will be automatically added to every **credit card** payments, there are **NO associated fees when using a debit card.**

Signature

_____ ***Initial here if you would like this credit card/debit card information to remain on file 1 year for future copays and payments on your account***

Email (if you would like receipts emailed to you): _____@_____

Please make sure this credit card/debit slip is signed by cardholder.
Thank you!

Make check payable to Naper Clinical Behavioral Services, Inc.
Mail to: 800 East Diehl Road, Suite 100, Naperville, IL 60563