

## Credit Card Authorization Form

Active Marin will provide a current account balance at each visit that may be paid by credit card, check or cash. You will also receive a monthly account statement. Active Marin stores credit card information securely and will automatically charge balances, including late cancelation and no-show fees, 30 days after you receive your first statement. We will charge balances under \$200 at the end of the month.

We request that you keep a credit card on file to simplify our business flow, and to address outstanding balances, including late cancellation and no-show fees.

Patient's Name: \_\_\_\_\_

Type of credit card (circle one):    MasterCard            Visa            Discover            Amex

Name as it appears on the credit card: \_\_\_\_\_

Last 4 digits of card:            \_\_\_\_\_

Expiration Date:                    \_\_\_\_\_

*Note: You will provide this card at the clinic for storage on a secure server. (Do not provide your sixteen-digit card number here.)*

I authorize Active Marin Physical Therapy to process the above credit card as "Card on File". I understand this authorization will remain in effect until the expiration of the credit card account.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

*You may revoke this form at any time by submitting an email or written request to Active Marin.*