

SOCIAL WORK DEVELOPMENT CENTER, LLC.

PAYMENT AUTHORIZATION FORM

PLEASE COMPLETE ALL FIELDS FOR THE PAYMENT TYPE YOU CHOOSE (ELECTRONIC FUNDS OR CREDIT CARD PAYMENT). YOU MAY CANCEL THIS AUTHORIZATION AT ANY TIME BY CONTACTING US. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL CANCELED.

BILLABLE PARTY NAME:			
Street Address:			
City, State, Zip code:			
CLIENT NAME:			
Payment Information- Electronic Funds Transfer			
Bank Name:			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Number:			
Account Number:			
Payment Information- Credit Card (3.5% processing fee will be applied)			
CARD TYPE:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Health Savings Account		
CARD NUMBER:		EXPIRATION DATE:	
BILLING ADDRESS: (if different than above)		CV/CVV2:	

Authorization

I hereby authorize JumpStart Interventions to charge the above account or credit card in order to collect payment for services rendered. This will include but is not limited to the collection of payment for unpaid co-payments, unmet deductible, or outstanding balances and late, cancelled or non-cancelled appointments as stated in JumpStart cancellation policy given to me in the welcome packet. I hereby give authorization for my information to be saved for future transactions on my account. I attest that the above information is true and correct and that I am the legal cardholder for this credit card. My signature below acknowledges that I have read and agree to these terms and conditions.

Cardholder/Account Holder Signature

Date

If you have any questions concerning this invoice, email info@swdevelopmentcenter.com

