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Authorization for Recurring Credit Card Charges

For your convenience, you may authorize recurring charges to your credit card. The charge will appear on your statement as: **MaryAnn Mattingly MS LPC CCMHC**.

Client Name:	_____
Account Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Expiration Date	_____
Sec Code	_____
Zip Code	_____

(3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of Am Ex)

By signing this form, I authorize MaryAnn Mattingly MS, LPC, CCMHC to use the above listed credit card to any charges on my account that will not be submitted to an insurance company and any charges that remain once insurance has paid its portion.

This authorization will remain active until you cancel it. You can cancel it via email to the bookkeeper at lbessette33@gmail.com, or by telling MaryAnn.

By signing this agreement, **I agree that no prior notification is necessary.**

_____ Date: _____