

**MaryAnn Mattingly MS LPC CCMHC**  
**1399 West 34<sup>th</sup> Avenue, Suite 102**  
**Anchorage, AK 99503**  
**907-522-2010**  
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[wellbeing@maryannmattingly.com](mailto:wellbeing@maryannmattingly.com)

## 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:     Visa     MasterCard     American Express     Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Zip code \_\_\_\_\_ Sec Code \_\_\_\_\_

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

I authorize MaryAnn Mattingly MS, LPC, CCMHC to charge this credit card for professional services and associated charges as agreed below. Circle below all that apply.

Can we use the card to pay Copays?      YES    NO

Can we use the card to your balance in full?      YES    NO

Can we use the card to pay for broken appointments?    YES    NO

Can we use the card to pay agreed-upon installment payments on an old balance?    YES    NO

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

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

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