

F A I T H F U L  T R U E
CREDIT CARD AUTHORIZATION FORM
Effective 12/01/2022

Faithful & True prefers not to bill for individual or group therapy sessions. Payment should be made at the time of service OR your credit card information can be saved for our Accounts Manager to charge automatically. We accept cash, checks, Visa, MasterCard, Discover or American Express for payment of sessions. For Payments that are made via credit card, the charges will be shown as "Faithful & True Ministries" and will be charged approximately 3-7 days after each individual or couple's session and at the end of the month for groups. Fees are due at the time services are rendered unless prior arrangements have been made.

Upon request, a receipt is available for your records. We are not a provider for any insurance company, we do not submit insurance claims, nor do we provide diagnostic coding for insurance purposes.

All information is confidential and will be used only when you have authorized us to do so. If you would like us to keep your credit card number on file to automatically charge after each session you attend, please select the appropriate box below.

PLEASE CHOOSE A SESSION

Your card will not be charged, prices show for authorization only.

CREDIT CARD INFORMATION

Please keep my credit card on file and automatically charge for sessions.

Yes No

Credit Card Number

Security Code

Expiration Month

Expiration Year

BILLING ADDRESS

Billing First Name

Billing Last Name

Street Address

Street Address Line 2 (Apt, Suite, etc.)

City

State

Zip Code

AUTHORIZING SIGNATURE

Signature

Date

By typing your name, using any device, means or action, you consent to the legally binding terms and conditions of this Agreement. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

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