

CARROLL COUNSELING AT BAY AREA
650 Ritchie Highway
Suite 207
Severna Park, MD 21146
Tele: 410-315-9350 Fax: 410-421-9135

AUTOPAY CREDIT CARD INFORMATION:

CIRCLE ONE: AMEX DISCOVER MASTERCARD VISA

CARD NUMBER: _____

EXPIRATION DATE: ____/____ **CVV** _____

I _____ give permission to charge
CARDHOLDER'S NAME

to this account all payments and deductibles or any other fees for patient

_____ to the
PRINT PATIENT'S NAME

above listed credit care. I understand that this information will be kept in a secure location at CARROLL COUNSELING AT BAY AREA office and will not be disclosed for any reason whatsoever.

This card will remain in effect until the expiration date on the card or until I advise the staff to do otherwise.

CARDHOLDERS SIGNATURE: _____

DATE: _____