

**Credit Card Authorization  
Quad Cities Counseling, PLLC**

I hereby give consent to charge the credit card indicated for any outstanding balance as a result of deductibles, co-payments, co-insurance, or other amounts due according to this agreement and information provided by my insurance company. A Deductible Requires a Credit Card on File.

Credit Card Type: Please circle your card type.

Visa

Mastercard

Discover

American Express

Card Number: \_\_\_\_\_

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

CVV code: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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