

AMB LLC
3111 Northside Ave, Ste. 101
Henrico, VA 23228

Authorization for Recurring Credit Card Charges

In the interest of utilizing your appointment time to the fullest, I ask that you authorize charges to your credit or debit card for your therapy sessions. This will eliminate time spent during your appointment for monetary transactions. The charge will be made under the name **AMB LLC**. You agree that no prior notification is necessary unless the amount billed each time exceeds **\$300.00**, in which case you will receive notification in advance.

All billing information and questions should go to my Billing Manager, Wilson:

Email: wilsonaw1@protonmail.com
Phone: 804-263-7512

Name of Client _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover [These are the only cards accepted]
Is this an HSA or FSA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cardholder Name _____
Account Number _____
Expiration Date _____ Security Code _____
Billing Zip Code _____

I authorize AMB LLC (Angela Bach, LPC) to charge this credit/debit card for professional services and associated charges as agreed below. These charges may include:

- Co-pay and/or co-insurance for session
- Self-pay for session or payment for session not covered due to deductible
- Charge for cancellation without 24 hours' notice (see financial agreement)
- Other charges (see financial agreement)

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Signature of Authorized Credit Card Holder:

_____ Date: _____