



SPECTRUM Services

Credit / Debit Card One Time or Recurring Payment Authorization Form

Spectrum offers the option to have your balance automatically charged to your credit, debit or HAS/FSA card.

One Time Payments:

When possible, we will run your card while you are in the office. When staff is unable to do this, we will ask you to complete this form and check the **one time payment** box. At the earliest possible date, we will charge your card the amount indicated and send you a paid invoice receipt via email.

Recurring Payments:

For clients who have ongoing services or wish to take advantage of our payment plan for social skills groups, we offer the recurring payments option. You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover credit or debit card. You may also be able to use your Flexible Health Account card to fund services if you are not seeking insurance reimbursement.

Clients enrolled in social skills groups using our payment plan option will be billed per the dates on your social skills service and payment agreement (these change each session, so please be sure you understand the dates).

Clients receiving educational or therapeutic services will be billed once per week for any balance due.

You will be charged for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under \$1,000.00. If your bill is more than \$1,000.00, you will receive notice from us via email at least 5 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Spectrum Services to charge the credit or debit card listed for:
(full name)

one time fee of \$ _____ recurring payments for balance due as described above

I understand that I will only receive advance notice of the charge if it exceeds \$1,000.00

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ Card Verification Code: _____

SIGNATURE _____ DATE _____

I authorize Spectrum Social and Recreation Services (DBA Spectrum Services) to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.