

Credit Card Pre-Authorization Form

I hereby authorize WASHBURN CENTER FOR CHILDREN to keep my signature on file and to charge the credit card selected below for the following:

Charges for the following family member (please fill out one form per client):

(Account No) _____
(Client Name)

Full balance or Balance remaining after claim(s) is/are resolved for:

Only Date of Service _____ (date)

All services this calendar year

All services from _____ (date) to _____ (date)

Recurring payment of \$ _____ to be charged every _____ (week, two weeks, month) for _____ payments, beginning on _____.

Check One:

Visa®

MasterCard®

Discover Card®

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ - _____ - _____ - _____

Exp. Date: _____

CSC Code: _____

Cardholder Signature: _____ **Date:** _____

Please print and sign the form. Return to Billing by:

Fax at 612-767-3835 or mail at 1100 Glenwood Ave., Minneapolis, MN 55405

If you have questions, please contact the Billing team at 612-677-2899