

PARENTING ON CALL

Credit Card on File Authorization

Parenting On Call requires a credit card to be kept on file. All information is stored securely on an encrypted EMR platform. Information to be completed by the card holder:

Cardholder Name: _____

Card Number: _____

Card Type: Visa MasterCard American Express Discover

Expiration Date: _____ Security Code: _____ (3 digit code on back)

Billing Zip Code: _____

E-mail: _____

I, _____, authorize Parenting On Call to charge the above credit card account for payments owed to my account for services rendered at their office. This includes cancellation fees for missed appointments not cancelled 24 hours prior. This information will be stored confidentially by Stripe via Simple Practice EMR.

I agree to update any information regarding this account. The above information is complete and correct to the best of my knowledge.

Cardholder Signature _____