



Credit Card on File Authorization

Please complete this form if you would like Parenting On Call, LLC to keep your credit card on file for future payments. You may elect to provide credit card information separately for each payment. 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, LLC 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 _____