



CLIENT AUTHORIZATION RECURRING AUTO PAYMENT FORM

In order to protect your personal information,
please submit this form to the FAX, or email below **ONLY**.

FAX: 619-363-8801

Email: billing@applieddbt.com

*Note: If emailing, zip and password protect the attachment then call:
619-500-4658 ext 1001*

ACCOUNT INFORMATION:		Located on upper right of invoice
Client Name:	<input type="text"/>	Account #: <input type="text"/>
Contact Name:	<input type="text"/>	Phone: <input type="text"/> Date: <input type="text"/>

PAYMENT OPTIONS:

CREDIT CARD PAYMENT:

Name of Cardholder:	<input type="text"/>		
<i>*as it appears on card*</i>			
Credit Card Billing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	CCV CODE	
Credit Card Type:	<input type="text"/>	Expiration (MM/YY):	<input type="text"/>
Credit Card #:	<input type="text"/>		

I authorize Lucks Psychology, Inc to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my credit card charges and verify that payments are processed properly.

SIGNATURE of Cardholder: _____

ELECTRONIC CHECK PAYMENT: Please include copy of voided check.

Name on Checking Account:	<input type="text"/>		
Address on Check:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Routing#: (9 digits)	<input type="text"/>	Account #:	<input type="text"/>

I authorize Lucks Psychology, Inc to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my bank charges and verify that payments are processed properly. **SIGNATURE of Account Holder:**

IMPORTANT NOTICE: You are responsible to keep your auto payment information on file current. Please submit a new authorization form for any credit/electronic check account changes, especially expiration dates. If your payment is not processed, it is your responsibility to contact Lucks Psychology for information or submit a revised form with current information. Please monitor your credit card/bank charges. You will continue to receive invoices and statements. Payments received after the statement date will not show on statement. Please reconcile your account each month.