

# Autopay Enrollment Form

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Rose Psychotherapy

This form allows you to automatically pay your bill when it becomes due using the card you have on file. Please note that HSA and FSA cards are able to be used. If your card is declined, you must add a different card to your file in order to resolve your bill.

I consent to having my card charged for my bill after it goes through insurance, and my card will cover the remaining balance. I will be provided with proof of payment when the payment is processed. I understand that if there is a billing error, I will be refunded the full amount that I am owed.

Yes

Name on Card:

Credit Card Number:

Expiration Date:

Security Code:

Billing Address:

No, I would like to pay my bill manually when it becomes due.

Client Signature:

Date: