

Behavior Works of Virginia, LLC

Mailing address: 312 Granite Avenue Richmond, VA 23226

Permission to Charge Credit Card

When I am not present to pay in person at the time of service, please **charge fees associated with the following patients** _____. This includes charges for missed sessions not cancelled within 24 hours of the appointment time. Visa, MasterCard, AMEX are accepted as are most health savings account cards and flexible spending cards.

Name on Card: _____

Enter entire credit card number: _____

Billing Address on Card:

Street: _____ City: _____

State: _____ Zip: _____

Expiration Date of Card: ___/___/___

CVC Code on back of card: ___ ___ ___

Cardholder Signature:

_____ Date: _____