CROSSROADS Behavioral Health

**10 North Main Street ● West Hartford CT 06107 ● Tel: 860-233-8111 ● Fax: 860-236-2016**

# MASTERCARD/VISA AUTHORIZATION AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Crossroads Behavioral Health

to submit charges to my \_\_\_\_MASTERCARD / \_\_\_\_VISA

# - - - Expiration Date: / / , Security code (last 3 digits on back of card) , for ***The Highlands Ability Battery and/or coaching sessions.*** I understand that “No Show” appointments or cancellations made less than 24 hours in advance of my appointment will also be charged to my credit card, and that cancellations must be made by telephone only.

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(Date) (Client Signature)