

Payment Authorization Form

Keeping your account up to date is effortless and worry free, simply authorize your charges not covered by insurance to your Health Savings account (HSA), credit card or debit card. You will be charged the balance due on your monthly statement.

This form will authorize Gail Yost and Associates, LLC to charge your HSA, credit or debit card for your unpaid account balance. Your personal information will be kept secure and confidential.

Payment is simple and secure whether using Health Savings account, Visa, MasterCard, American Express or Discover card. Complete and sign this form to get started. A paid receipt will be sent to the mail, email, or fax you prefer.

Please complete all the information below:

I _____ authorize Gail Yost and Associates, LLC to charge my credit card as follows:

For, _____ the client(s)

Billing address: _____

NOTE: This address must match the billing address the credit card company has on file.

City, State, Zip: _____

Phone: _____ Email: _____

Credit card:

Circle one: Visa, Amex, MasterCard, Discover, HSA, Debit card

Cardholder Name: _____

Account Number: _____

Exp. Date: _____ CVV: _____

Zip: _____ Receipt to be sent by (circle one): Email, Mail, or Fax

____ I prefer to opt out of the HSA, credit or debit payment and will instead submit payment for my balances within 30 days.

Signature _____ Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Gail Yost and Associates in writing of any changes to my account information. I understand that if I fail to make payments owed for attended sessions, if I fail to show for a scheduled appointment without notification, or if I cancel a session less than 48 hours from the start time of the session, and do not make the required payment(s) at the end of the month, authorized personnel at Gail Yost and Associates has my permission to charge the card listed above accordingly. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization.