Olive Tree Counseling, Inc.

1981 E Palmer-Wasilla Hwy, Suite 220, Wasilla, AK 99654
Phone: (907) 357-6513 | Fax: (907) 357-6514

Autopay Authorization

Initials

I, the client, authorize Olive Tree Counseling, Inc., hereafter referred to as OTC, to keep the following credit card information on file and to charge said card at no greater than the amount and frequency as indicated below. I understand and agree this authorization is completely voluntary, and I cannot take legal action against OTC for keeping my payment information in its records. I understand the exact amount OTC charges depends on what I owe at the time of the charge. I understand Autopay is provided solely for my convenience, and I may revoke this authorization at any time by contacting OTC via phone, email, letter, or in person communication. It is my responsibility to be aware of my own bank account balance. If my card is declined, OTC will contact me to update my credit card information. If a charge has not been made within a 12-month period (one year), OTC will contact me before making a charge to confirm my authorization is still current and valid.

Client's Full Name	Date of Birth

Name as Appears on Card	Amount charged cannot exceed	Frequency cannot exceed
	$	

Credit card number	Expiration Date	3-digit security code

Address registered to this card	City	State	ZIP