



# Boston Child Study Center

## LOS ANGELES

*Expert Mental Health Treatment, Training & Research*

### PAYMENT AGREEMENT AND CREDIT CARD AUTHORIZATION

Boston Child Study Center-Los Angeles accepts payment by check, credit or debit card. All clients are required to provide credit or debit card information that will be kept on file to be used for automatic recurring billing, or as a backup payment method for outstanding invoices.

By signing below, I agree to submit payment to Boston Child Study Center-Los Angeles for the amount due on my invoice at the end of each monthly billing cycle, which falls on the last day of each month. If I opt to enroll in automatic recurrent billing, I understand that my card will be automatically processed for the total amount due at the end of each monthly billing cycle, and I will receive a statement documenting the services provided and fees charged. If I am paying by check, I agree to submit checks made payable to: Boston Child Study Center-Los Angeles, and mail to 11400 West Olympic Boulevard, Suite 200, Los Angeles, CA 90064. I understand that if I do not submit payment by check within 30 days of the end of the billing cycle, my card on file will be processed for the total amount due and I will receive a statement documenting these services and charges. You may change your method of payment at any time by re-submitting this form to Brinna Durney at [BDurney@bostonchildstudycenter.com](mailto:BDurney@bostonchildstudycenter.com)

Please complete the below field below with your credit card, debit card, or flex spending debit card information:

Card Type: \_\_\_\_\_ Cardholder's full name (as it appears on your card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email to send statement/receipt: \_\_\_\_\_

Please select one option below:

**Recurrent Billing:** By signing below, I hereby authorize Boston Child Study Center-Los Angeles to retain my credit/debit card information and to charge the indicated credit/debit card on a monthly basis for the amount due on my account. The recurrent payment authorization shall remain in effect until cancelled by me in writing.

**Outstanding Balance Only:** By signing below, I hereby authorize the Boston Child Study Center-Los Angeles to retain my credit/debit card information on file and to charge the indicated credit/debit card for any outstanding balance on my account that is more than 30 days late. Example: If my January statement is not paid in full by the end of February I will be charged on March 1st for the outstanding balance.

By signing below, I hereby authorize the Boston Child Study Center-Los Angeles to charge the above credit card as I indicated above. I understand that I must cancel recurrent billing process in writing. I guarantee and warrant that I am the legal cardholder for this credit/debit card and that I am legally authorized to enter into this billing agreement with Boston Child Study Center-Los Angeles.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

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