



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 credit card and debit card. All clients are required to provide credit or debit card information that will be kept securely on file to be used for automatic recurrent billing, according to the policies below.

By signing below, I agree to authorize my credit or debit card to be kept securely on file, and authorize my credit or debit card to be automatically processed for the total amount due on my account at the end of each monthly billing cycle, which falls on the last day of each calendar month. I acknowledge that I understand that I will receive a statement and receipt documenting the services provided and fees charged.

By signing below, I acknowledge that I understand that if I prefer not to have my credit card automatically processed at the end of the monthly billing cycle, that I must submit payment by check prior to or on the last day of the monthly billing cycle. Checks should be made payable to: Boston Child Study Center-Los Angeles, and mailed to 11400 West Olympic Boulevard, Suite 200, Los Angeles, CA 90064.

I also agree to provide updated credit card information to Boston Child Study Center-Los Angeles in the event my credit card on file becomes inactive, expired, or otherwise unauthorized for use. I understand that I may change my method of payment at any time by re-submitting this form to Wendi Jo Conley at Wendi@BostonChildStudyCenter.com.

Name of Patient or Parent/Guardian of minor

Signature of Patient or Parent/Guardian

Date

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: _____

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: _____

Revised 3.2020