

**CARY BEHAVIORAL HEALTH PC**  
**160 N.E. MAYNARD ROAD, SUITE # 200, CARY, NC 27513.**  
**PHONE 919-466-7540 FAX 919-466-7543**

**CREDIT CARD AUTHORIZATION**

I \_\_\_\_\_ authorized Cary Behavioral Health, P.C. to charge my credit card for my copays and/or balances. I understand that this amount may include charges for appointments not cancelled 24 hours in advance and for charges not covered by insurance if applicable.

Patient Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**This authorization is effective from \_\_\_\_\_ until revoked or terminated by above signed responsible party.**