

(717) 560-9969
Fax (717) 560-9553



1803 Oregon Pike
Lancaster, PA 17601
www.scclanc.org

Payment Authorization Form

Client Name: _____ Date of Birth: _____ Today's Date: _____

Payment Method Details

Payment Method: New Credit/Debit Card

Name on Card: _____

Card Number: _____

Card Expiration Date: _____ Security Code: _____

Billing Address Line 1: _____

Billing Address Line 2: _____

Billing City/State/Zip: _____

Acknowledgement

The Samaritan Counseling Center may utilize my payment method(s) on file for any balances, including late cancellation and no-show fees, without additional authorizations.

Signature: _____

Printed Name: _____