



THE ARDENT COUNSELING CENTER
counseling for individuals of all ages

Credit Card/ACH Payment Authorization Form

Please Initial One

Recurring Authorization:	
Cancel Authorization:	

Name of Person authorizing payment:		
Name of business (if Applicable and hereafter "Accountholder")		
Address:		
City	State:	Zip:

Credit Card type (please check one)	MC		VISA		Discover		AMEX	
Credit Card Number: MasterCard or Visa or Discover	Master, Visa or Discover Card here (no spaces or hyphen)							
Expiration Date (MM/YY)		/		VID CODE (3-digit on Back)				
Credit Card Number: (American Express):	American Express here (no spaces or hyphen)							
Expiration Date (MM/YY)		/		VID CODE (4-digit on Front)				

Checking (Check one)		Savings (Check one)		Please Attach a Voided Check			
Routing Number:			Bank Transit/ABA No.				
Financial Institution Name			City, State, Zip Code				

By completing and executing this form, the cardholder acknowledges and agrees that Rodasi LLC, dba "The Ardent Counseling Center" (hereafter "Company") is authorized as of the authorization date set forth below and subject to the terms and conditions set forth below, to charge the credit card, debit card, chard card, electronic check draft (ACH) or other payment card (each referred to herein as "Credit Card" or Check), specified above for the amounts billed to the accountholder or the card holder specified above for service rendered.

Company will sent the accountholder or cardholder an invoice for service rendered. Company will charge the above credit card or ACH for the amount specified in the invoice on or around the date of the invoice. The account holder/credit card holder should ensure such charge will not cause the credit card account or ACH draft to exceed any established credit /bank limits or available balances as on the date of charge/draft/ There will be a \$25.00 penalty for any rejected charge pursuant to this authorization. Cardholder acknowledges that they will continue to be liable for any such rejected or any unpaid charges including all penalties. Cardholder further authorizes Company to initiate a chard or credit as necessary to correct any prior overpayment or underpayment of any invoice or any other charge or credit effected under this or prior authorization (s) Company and cardholder further acknowledge that if this payment authorization is for a recurring charge/ draft, then Company will inform cardholder of any variances in the recurring amount. Each charge will appear as a payment on the next invoice sent to accountholder/cardholder after the charge date. All charges and ACH debits will appear as Rodasi LLC and or The Ardent Counseling Center.

To Update/Cancel the above credit card information, please execute this form and check "Update information" or "Cancel authorization and fax back to number provided below. This authorization shall remain in effect until Rodasi LLC, dba The Ardent Counseling Center, receives a new form requesting an update or cancellation, and the Ardent Counseling Center has had sufficient time to clear any arrears and act on the authorization. Cardholder will continue to be liable for any invoices due and pending as of such termination. Cardholder is responsible for informing Company of and changes in the above information.

If you have any question on billing or credit card/ACH charges please contact our correspondence address, The Ardent Counseling Center 684 Barrington rd. Suite 112 Streamwood, IL 60107

Signature of Cardholder/Accountholder:
Authorization Date: