



Gilead Behavioral Health

Helping People. Healing Communities.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV: _____
Cardholder Address (from credit card billing address): _____
Cardholder ZIP Code (from credit card billing address): _____
Email Address for Receipt: _____

I, _____, authorize Gilead Behavioral Health to charge my credit card above for agreed upon copays or session fees. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date