



Bloom Behavioral Solutions, Inc.
9141 Cypress Green Drive, Suite #2
Jacksonville, FL 32256
(904) 647-1849

Credit/Debit Card Authorization Form

By signing below, you authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount of your current invoice for services rendered and any associated treatment materials. A receipt for each payment will be emailed to you, and the charge will appear on your bank statement as an "ACH Debit." An email with the amount of your current invoice will be provided three business days prior to the charge. Should you choose to use a different card other than the card on file listed below, you must notify us 24 hours in advance.

Please complete the information below:

I, _____ allow Bloom Behavioral Solutions, Inc. to charge my credit card indicated below, for my
(Print Full Name)
current invoice for therapeutic services, co-pays, unmet deductibles, cost shares, etc.

Billing Address _____ Phone: _____

City, State, Zip: _____ Email: _____

Credit Card Information

Card Holder Name: _____ **Card Number:** _____

Expiration Date: _____ **CVV Number:** _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Bloom Behavioral Solutions in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Bloom may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$75 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.