

Hudson Valley Center for Development

1124 NY Route 94, Suite 201
New Windsor, NY 12553
(845) 787-1350 / Fax (845) 787-1366

For your convenience, you may elect to charge your copay and/or any applicable fees to your credit or debit card.

Credit cards kept on file are charged on Fridays. These charges are for dates of session the WEEK PRIOR. Any remaining balances due will be charged at the end of each MONTH.

American Express

Discover

Visa

MasterCard

I Authorize THE HUDSON VALLEY CENTER FOR DEVELOPMENT to keep my Signature (typed name if filled out Online) on file and charge the following account for recurring charges for ongoing treatment:

Patient's Name

Cardholder's Name (if Different)

Credit Card Account Number

Expiration Date

CVV Security Number (on back of card)

Billing Address: (City, State, Zip)

Home Phone

Cell Phone

Business Phone

I understand that this form is to be valid for the duration of the patient's treatment. If for any reason the card is invalid, I agree to notify the office. Balances past due of 90 days will be billed to the above credit card.

Signature

Today's Date

Clinician