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COC CREDIT CARD PRE-AUTHORIZED HEALTHCARE FORM

All information will be kept strictly confidential

I authorize COC, LLC to keep my signature on file and to charge my credit card account for:

Balances not paid within 30 days from the date of invoice for services requested and agreed upon under the Financial Agreement

I understand that this form is valid for two-years unless the credit card expires, or I cancel the authorization through written notice to COC, attn.: Finance Department 109 Legion Avenue New Haven, CT 06519.

I (we) certify that I (we) have read, understand, and agree to the conditions described herein.

Client's Name:							
Card Holder Name:							
Card Holder's Address:							
City		State		Zip			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Am. Express		Exp. Date	/	CV Code			
Acct. #							
Signature	Date:						

Questions & Answers about Credit Card Pre-Authorization

Q. What is pre-authorized payment procedure?

It is a convenient payment method in which you authorize your health-care provider (in this case COC/CRS) to automatically bill your account for any outstanding balances.

Q. Why do I have to fill out a pre-authorization form?

A. Unfortunately, many of our past clients have not paid off balances that they owe us. At times these outstanding balances have been extensive enough to threaten the continued existence of COC Pre-authorization will minimize such instances.

Q. Can my health care provider charge my credit card account for amounts or times not specified on the above form?

A. No. We can only bill your credit card for services