



**William K. McDonald, M.Div, LMSW**

Billing office phone (810) 835-1555

**I give William McDonald permission to run the following Credit Card-**

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_ / \_\_\_\_ 3 DIGIT CODE \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

**IS THIS CARD BEING USED FOR SOMEONE OTHER THAN SOMEONE OTHER THAN NAME ON CARD?**

NAME OF PATIENT \_\_\_\_\_

**HOW WOULD YOU LIKE THIS CARD RAN?**

\_\_\_\_\_ MONTHLY OR BY WEEKLY, JUST SEND PAID RECEIPT (WE DO BILL RUNS BI WEEKLY)

\_\_\_\_\_ SEND ME A BILL AND I WILL RESPOND BY EMAIL OR CALL TO BILLING DEPARTMENT WITHIN 48HRS

\_\_\_\_\_ CALL ME TO ASK EACH TIME

\_\_\_\_\_  
Todays Date

\_\_\_\_\_  
Signature