

St. Clair County Community Mental Health Authority
Credit/Debit Card Pre-Authorization

Individual: _____ Case #: _____

To assist you with your Installment Payment Agreement, St. Clair County Community Mental Health Authority offers the convenience of automatic monthly payments deducted from your Credit/Debit Card.

Please only fill out **ONE** section below.

Section I – Card Information

Card Type: Visa American Express Mastercard Discover Other: _____

Cardholder Name: _____

Card Number: _____

Expiration Date (MM/YY): _____ CVV/CVC/CVC2 Code: _____ Zip Code: _____
(3 digit number on back of card)

I authorize St. Clair County Community Mental Health Authority to charge my Credit/Debit Card for the terms agreed upon in my Installment Payment Agreement. I understand that my payment information will be saved on file for future transactions on my account, until I revoke consent.

Cardholder Signature Print Name Date

Section II – Denial of Automatic Monthly Payment Option

I decline the automatic monthly payment option. I agree to make monthly payments in agreement with the terms on the Installment Payment Agreement using one of the following methods mentioned below:

Individual/Responsible Party Signature Print Name Date

Credit/Debit Card Payments can be made by one of the following:

- Online at the SCCCMHA website (<https://scccmh.org>)
- Call 810-985-8900, ask for a FIPA Tech.

Check and Money Orders can be sent to:

St. Clair County Community Mental Health
3111 Electric Avenue
Port Huron, MI 48060

All payment types can be made **in person** at any of our locations.

You may revoke your consent for automatic payments at any time.
For any questions regarding this agreement and/or making the agreed upon payment, please contact:

Melissa Jones
By phone: 810-966-3727 / **By email:** mjones@scccmh.org