



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
3 digit security code (in signature panel on back of card)
Cardholder ZIP Code (from credit card billing address):
Please process the following services to my credit card on file: All copays for all visits Any balances due for deductible per visit Fee for any - no shows, same day cancellations, or late appointments Remaining balance on account

I, _____, authorize *Attention to Wellness LTD* to charge my credit card above for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account.

Customer Signature

Date