GROWTH AND HEALING
WELLNESS CENTER, LLC

CREDIT CARD PAYMENT/AUTHORIZATION

This authorizes GROWTH AND HEALING WELLNESS CENTER, LLC, to deduct *$_____on a weekly___, monthly___, or one time ___basis for services rendered to _____(client). _____(cardholder's signature)

Authorization for additional payment (for subsequent sessions):

*Please deduct $_____ on the following date(s)_____Client's initials ____

*Please deduct $_____ on the following date(s)_____Client's initials ____

*Please deduct $_____ on the following date(s)_____Client's initials ____

____ I decline to use my credit card for payment at this time. ____ client's initials

Credit Card Information:

Please circle one : VISA Mastercard American Express Discover

Name as it appears on the credit card _____

Street Address _____

City, State and Zip Code _____

Credit Card No. _____

Credit Card Expiration and
3-digit security information _____/_____
(Expiration date) (3/4 digit security)

Cancellation Policy:

If 24-hour notice is not provided for cancellation of a session, the credit card referenced herein will be automatically charged for the session missed. The credit card listed will only be used for the purpose authorized in this document.*

Dated _____ 20___ _____
Parent/Guardian

_____ _____
Client Witness

*A $5 discount per transaction is offered for cash or check payments.

Helping People Heal from the Inside Out