



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)

Credit Card Information:

VISA Mastercard American Express Discover

Please circle one :

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.