



# CREDIT CARD AUTHORIZATION

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started

## RECURRING PAYMENTS WILL MAKE LIFE EASIER!

Here's how Recurring Payments work:

You authorize charges to be made to your Visa or MasterCard. You will be charged for each treatment for the total amount due (if not paying with cash/check) and a \$5 transaction fee will be added to the statement within 24 hours of service.

Receipt can be obtained upon request.

## PLEASE COMPLETE THE INFORMATION BELOW:

I \_\_\_\_\_ authorize Eastern Channel Acupuncture, LLC to charge my credit card indicated below for ongoing treatment at the time of each visit.

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I authorize my receipt to be sent to the email address provided**

Card Type:  Visa  MasterCard

Cardholder's Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute these payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.