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Credit Card Payment Authorization Form

This payment option streamlines payments for services at Intuition Wellness Center. Clients have the option to pay for services with cash or check at the time of service or via automatic credit card payments on a scheduled frequency. Please complete this form to pay for services using your credit card and to authorize Intuition Wellness Center to charge your credit card.

CREDIT CARD TYPE: VISA MASTER CARD AMEX DISCOVER HSA

CREDIT CARD NUMBER EXPIRATION DATE SECURITY CODE (CV2)

CUSTOMER NAME (as it appears on the credit card) BILLING ZIP

PAYMENT FREQUENCY: Weekly Bi-weekly Monthly Other: _____

I authorize Intuition Wellness Center, PLLC to charge my credit card **on the above selected payment frequency** for payment of services. If Intuition Wellness Center, PLLC is unable to process my payment, I understand that I will be responsible for an alternate payment arrangement. This authorization is in effect until I notify Intuition Wellness Center, PLLC in writing. I understand that all expenses will be charged on my behalf.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct.

THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. This agreement may be cancelled by the applicant by providing Intuition Wellness Center, PLLC a written notice at least 30 days in advance of the cancellation date.

CUSTOMER SIGNATURE DATE

CLIENT NAME (individual receiving services) PHONE/EMAIL (for receipt)

SERVICE NAME

TAEKWONDO WELLNESS SKILLS TO THRIVE MEDITATION GROUP

OTHER: _____