

5675 N Oracle Rd, Suite 3101 Tucson, AZ 85704 Phone: 520.333.3320 www.intuitionwellness.com

CREDIT CARD PAYMENT AUTHORIZATION

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		
CREDIT CARD NUMBER	EXPIRATION DATE	SECURITY CODE (CV2)
CUSTOMER NAME (as it appears on the credit	card)	BILLING ZIP
PAYMENT FREQUENCY: [] Weekly [] Bi-week	ly []Monthly []O	ther:
I authorize Intuition Wellness Center, PLLC to confrequency for payment of services. If Intuition V understand that I will be responsible for an alternatil I notify Intuition Wellness Center, PLLC in V behalf.	Vellness Center, PLLC is ernate payment arrange	unable to process my payment, I ment. This authorization is in effect
By signing this authorization, I acknowledge the warrant all information provided is true and cor	_	e to all of the above information and
THIS AGREEMENT REMAINS IN EFFECT UNTIL agreement may be cancelled by the applicant at least 30 days in advance of the cancellation of	by providing Intuition W	
CUSTOMER SIGNATURE		DATE
CLIENT NAME (individual receiving services)	F	PHONE/EMAIL (for receipt)
SERVICE NAME		
[]COUNSELING []YOGA- NURTURED MOT	HERING [] FAMILY YO	DGA []PARENTS'HEART-TO-HEART
[] OTHER:		