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**The Living Well Agency, LLC**

**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

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| **Credit Card Information** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX□ Other  |
| Cardholder Name (as shown on card):  |
| Card Number:  |
| Expiration Date (mm/yy):  |
| Cardholder ZIP Code (from credit card billing address):  |

I, , authorize to charge my credit card above for agreed upon therapeutic services. I understand that my information will be saved to file for future transactions on my account.

Customer Signature Date

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