

Credit Card Authorization

I, _____ hereby authorize Mindfulness staff to bill my credit card as listed below for professional services provided for [☐] myself or _____.

I give permission for my card to be charged for appointments I elect to be paid by credit card.

For my payment options, I would like to select:

☐ Recurrent payment following each appointment I have attended.

Session fee is \$_____ or co-payment is \$_____.

☐ One-time payment for sessions that I have designated Mindfulness to bill on my credit card.

Session fee is \$_____ or co-payment is \$_____.

Type of Card: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Cardholder's Name (as it appears on the card): _____

Card Number: _____

Expiration Date: _____

CVV or Security Code: _____

ZIP Code for Billing Address: _____

Signature of Cardholder: _____

Date of Signature: _____