

Red Deer Wellness Clinic

G12, 5550-45 Street

Red Deer, AB T4N 1L1

403-346-1331

Credit Card Authorization Form

Please complete the information below:

I _____, authorize the Red Deer
(full name)

Wellness Clinic to charge my credit card for agreed upon purchases. I understand that my information will be saved in a secure location for future transactions. This authorization will remain in effect until cancelled, which can be done at any time by contacting the clinic.

Billing Address: _____

Phone #: _____

Account Type: Visa MasterCard Amex

Name (as shown on card) : _____

Card Number: _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

Expiration Date : **PLEASE CALL 403-346-1331 AT TIME OF PURCHASE**

Date: _____

Client Signature: _____