



Credit Card on File Agreement

Providing your credit card information allows the convenience of payment for your services. In the event of a missed or cancelled appointment (per the cancellation policy), the card on file will be charged. By signing this form, you give The Centered Life permission to charge your credit card for the purpose of co-pays or any outstanding balances.

I authorize The Centered Life to charge co-pays and outstanding balances on my account to the following credit card:

_____ **Visa** _____ **MasterCard** _____ **Discover** _____ **American Express**

Credit Card Holder's Name: _____ (Please Print)

Credit Card # _____

Expiration Date: _____

CVV (back of card): _____

This credit card on file is to be used for the following client(s), please print name(s) below:

Client Full Name: _____ DOB: ____/____/____

Client Full Name: _____ DOB: ____/____/____

Signature: _____

Date: _____