

# 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.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):			
Card Number:			
Expiration Date (mm/yy):			
Cardholder ZIP Code (from credit card billing address):			

I, \_\_\_\_\_, authorize the practice to charge my credit card above for agreed amount for missed appointments or late cancellations. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date