



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.

Card Type Visa Mastercard	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	
CVV Number:	
Cardholder Address including Postal Code (from credit card billing address):	
I, _____, authorize Living Well Integrative Health Centre to charge my credit card above for agreed upon purchases. I understand that my information will be securely saved for future transactions on my account.	
Signature:	Date: