Gainesville Healing House, Inc.
352-660-4142

Credit Card Authorization

I hereby authorize Gainesville Healing House to keep my credit card on file and use for payment of balances owed. I agree to be charged for my sessions at the end of each session.

Cardholder Name: _____
Billing Address: _____
_____
_____
Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ AmEx
Card Card Number: _____
Expiration Date: _____
CVV Security Code: (3-digit code on back of card) _____

Signed: _____
Dated: _____
Printed Name: _____

This authorization can be revoked at any time.