

# PRO

RECOVERY AND THERAPY

## CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, the client, am choosing to authorize PRO Recovery and Therapy to store my credit card information within their electronic record keeping system.

Please choose one of the following options:

\_\_\_\_\_ Recurrent Authorization: Please charge my card on the 1<sup>st</sup> day of each month for my entire balance.

\_\_\_\_\_ Recurrent Authorization: Please charge my card on the 1<sup>st</sup> and 15<sup>th</sup> day of each month for my entire balance.

I hereby authorize PRO Recovery and Therapy to deduct the payment amount on the day indicated above from the following debit/credit card account:

Type of Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_