



Healing Paths Intuitive Therapy

Credit Card Authorization Letter

I _____
Hereby authorize Healing Paths Intuitive Therapy to charge my
☐ VISA
☐ Mastercard
☐ American Express
☐ Other _____

Credit Card Number: _____

Expiration date _____

Security Code _____ Zip code _____

With the following charges:

- ☐ No show for appointment rate \$65.00
- ☐ Less than 24 hours notice cancellation rate \$65.00
- ☐ Copayment

Cardholder's signature _____

Date: _____