



TMS Wellness Institute

Credit Card Authorization

I hereby authorize TMS Wellness Institute to charge my credit card below, the amount(s) stated on the payment forms I have signed or other written arrangement. I understand that my charges may be automatic and or recurring per the payment form or other written arrangement, and a copy of the receipt will be emailed to me.

Signature: _____

Name on Card: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

CVC: _____

Zip Code: _____