



## AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS

I hereby authorize *Care First Physical Therapy & Rehab*, hereinafter called COMPANY to initiate debit entries for therapy services

**Pay by credit card**

Credit Card Type: VISA  MC  AMEX  DISC  OTHER

Credit Card Number:

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CCV:

Expiration date:

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Cardholder's name as it appears on the credit card:

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Cardholder's billing address:

Street

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City

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State

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Zip Code

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This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s)

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Print Patient Name

Signature (s)

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Date

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Cardholder Signature