ASPIRE
WELLNESS

CREDIT CARD AUTHORIZATION FORM

Name on card: _____

Type of card: Visa ☐ MC ☐ AmEx ☐ Discover ☐

Other ☐ _____

Card Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Email (if receipts desired) _____

By signing this form, you authorize Aspire Wellness to charge your account for therapy services.

Signed: _____ Date: _____

Aspire Wellness
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502.771.1183