

# NEWTOWN THERAPY & WELLNESS CENTER

## CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_, authorize Newtown Therapy to charge  
my credit card for services rendered only.

AMOUNT \$ \_\_\_\_\_ per session

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CARD CV2# \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

Credit cards are processed in the evening or during breaks.  
If you would like an email or text receipt, please provide  
email address or cell phone number below:

\_\_\_\_\_