

Credit Card Authorization Form

Please complete all fields. We are requiring a credit card to be on file starting December 2025. You may cancel this authorization at any time by contacting us. This authorization will remain in effect unless cancelled.

Credit Card Information
Card Type:
Cardholder Name:
Card Number:
Expiration Date (mm/yy):
CVV:
Zip Code (credit card billing address):

I, _____, authorize Dr Jamie's Wellness Center to charge my
credit card above for agreed upon purchases. I understand that my information will be saved on
file for future transactions on my account.

_____ Customer Signature

_____ Date