

CREDIT CARD INFORMATION

For your convenience, you may choose to let us keep your credit card information on file for easier payment of future charges and to secure your appointments. We will never share your credit card without giving you prior notice. You will always have the option of using a different method of payment.

Name On Card: _____

VISA MC

Credit Card No. _____

Expiration Date ____/____/____ Security Code: _____

Special Notes:

I, _____, certify that I am authorized to use this credit card. By signing below, I authorize Michelle Graves, L.Ac./Graves Acupuncture to charge the credit card listed here for payment of services and products provided, including charges for any appointments canceled without a 24-hour notice.

Signed: _____ **Date:** _____