

**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:**

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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:** \_\_\_\_\_