

# Hajek Homeopathic Care, LLC

Burnsville, MN

952-222-7679

## CREDIT/DEBIT CARD ON FILE AUTHORIZATION

All information on this sheet is kept secure and confidential and can be updated or changed upon client request. Receipts and year-end statements can be provided electronically upon request.

Client name: \_\_\_\_\_

Cardholder name (as it appears on card): \_\_\_\_\_

Card type (circle one)    VISA    MASTERCARD    DISCOVER    AMEX

Card number: \_\_\_\_\_

Exp date: \_\_\_\_/\_\_\_\_    CCV: \_\_\_\_\_

Zip Code of billing address: \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

*I agree to maintain a current Credit/Debit Card on file.*