



CREDIT & DEBIT CARD AUTHORIZATION FORM

I, _____, authorize Dr. Kristina Vande Vrede, to charge my credit card/debit card for any and all services rendered to _____ myself or _____ other (PRINT names below):

I understand my credit card will only be charged AFTER services have been rendered and I may withdraw this authorization at any time by providing written notice to Dr. Vande Vrede.

_____ Please keep my credit card on file for all future payments for services rendered.

AUTHORIZED SIGNATURE: _____

DATE: _____