

Winsett Wellness



Child, Adolescent & Adult Psychiatric Care

Credit Card Authorization Form

Name:

Date:

By signing this document, I authorize Winsett Wellness to charge my credit card the agreed upon amount for this visit. I understand that my information will be saved to file for future transactions on my account.

Credit Card Type:

- Discover
- American Express
- Mastercard
- Visa
- Other

Credit Card Number:

Expiration Date:

CVV:

Click the Box Below to Sign:

Date: