

NEWTOWN THERAPY & WELLNESS CENTER

CREDIT CARD AUTHORIZATION FORM

I _____, authorize Newtown Therapy to charge
my credit card for services rendered only.

AMOUNT \$ _____ per session

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2# _____

EXPIRATION DATE _____

BILLING ZIP CODE _____

NAME ON CARD _____

SIGNATURE

DATE

Credit cards are processed in the evening or during breaks.
If you would like an email or text receipt, please provide
email address or cell phone number below:
