

Zimmermann Chiropractic and Wellness Center, LLC

700 Lake Avenue, Suite 3, Manchester, NH 03103
603-668-7070

Card on File: Authorization Form

Date: _____

Information to be completed by cardholder:

The undersigned agrees and authorizes Zimmermann Chiropractic to save the credit card indicated below on file. I _____ give my permission for Zimmermann Chiropractic and Wellness Center, LLC to store my credit card information for chiropractic services.

Name as it appears on the Credit Card: _____

Credit Card Number: _____

Type of Credit Card: Mastercard Visa Discover Other

Expiration Date: CVV ____

I, authorize the above practice to process the above credit card as "Card on File". I understand this authorization will remain in effect until the expiration of the credit card account. Patient may also revoke this form by submitting a written request to Zimmermann Chiropractic.

Cardholder's Signature

Date

Witness

Date