

Recurring Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. The charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days to the payment being collected.

I _____ authorize SoCalwellness and its providers to
(Name)

charge my Credit Card on file \$64.99 on the 1st of each month.

Signature: _____ Date: _____