CAPITAL DISTRICT
Vitality Center

Credit Card Authorization Form

I, _____ (name as it appears on card) authorize the use of my credit/debit card described below for charges related to missed/late cancellation appointments in the office of Dr. Richard Herbold, DC.

This will also be kept on file in the event any future supplement purchases may need to be mailed or picked up.

Credit Card Type: _____MC _____Visa _____Discover

Credit Card Number: _____

Expiration Date: _____

CVV number: _____

Name of Cardholder: _____

Name of Patient (if different): _____

I understand that the amount charged on my credit card will be reflected on my credit card/bank statement.

I understand that my credit card number will be kept on file and will be charged in the amount equal to 50% of my missed/late cancellation appointments. If a second appointment is missed, a fee will be charged equal to 100% of the appointment charge.

Signature: _____ Date: _____

Printed Name: _____