14802 Jones Maltsberger – Suite 1101
San Antonio, TX 78247

Authorization to Secure Credit Card/Debit Card Payment

I, _____ authorize TVWG provider to process payment on my Visa, MasterCard, or Discover Card for the purposes of:

1. My payment responsibilities as designated by our agreement.
2. Any outstanding balance that has not been received after 30 days of the service that was provided to me by TVWG provider (i.e. counseling, telephone consultation, etc.).

I understand that if an appointment is missed and I do not follow the cancellation policy as specified in the section Cancellation and Missed Appointment Policy, TVWG is authorized to charge my credit card the same fee as the missed appointment.

I understand that a $4.00 convenience fee will be added for each transaction.

I understand that if my card is declined, TVWG may put my credit card payment through on another day when funds become available.

I understand that I have given The Vine Wellness Group, LLC my credit card information. I further understand that if I miss a scheduled appointment or fail to provide 24 hours notice, my credit card will be charged the full amount of the session.

I have read and understand this form. I attest that the information below is true and accurate.

_____
Signature of Card Holder

My credit card information is as follows:

_____	_____	_____
Cardholder's Name	Client's Name	Date
_____	_____	_____
Credit Card Account Number	Expiration Date	Security Code
_____	_____	_____
Address Credit Card Account is under	Zip Code CC Account is under	Email address

* Because we key in credit cards at the end of the day, the address information is needed.
*The above mentioned charges on your card will appear from The Vine Wellness Group.

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