



79 Manitoba
 StreetBracebridge, ON
 P1L2B2
 705-706-5842

Payment Authorization – Credit Card

Cardholder name:		Email:	
Billing street address:			Tel:
City:	Province:	Postal Code:	

This payment authorization (“Payment Authorization”) is being given by the undersigned cardholder (also referred to as “you” and “your”) to kwellness (also referred to as “Kwell”).

Authorization Required

You are providing this Payment Authorization as required pursuant to your membership agreement dated _____ with kwellness (“Membership Agreement”).

Payment Authorization

- You hereby authorize kwellness from time to time charge your credit card indicated below for any amounts owing to Kwell pursuant to your Membership Agreement. Amounts owing under your Membership Agreement include, but are not limited to, payment for missed monthly membership commitments, no-show fee and cancellation fee, as defined in your Membership Agreement.
- This Payment Authorization will remain in effect during the term of your Membership Agreement unless and until you provide kwellness with a Payment Authorization for an alternative credit card.
- You agree to notify kwellness in writing of any changes in your account information or termination of this authorization at least 15 days prior to your next scheduled treatment.
- You agree not to dispute kwellness billing with your credit card issuer so long as the amount in question is the proper amount owed by you under your Membership Agreement.

Credit Card Information

Credit Card Type: MasterCard Visa

Number:

Expiration Month: Expiration Year:

Security Code:

I guarantee and warrant that I am the legal cardholder of this credit card and that I am legally authorized to provide this Payment Authorization to Kwellness.

Cardholder Name: _____ **Date:** _____
(as it appears on the card)

Cardholder Signature: _____ **Date:** _____