

# Universal Progressive Therapy

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Effective Date:

## Credit Card Approval

Patient's Name

Name on Credit Card

Credit Card #

Expiration Date

CRV #

I authorize Universal Progressive Therapy to automatically charge my credit card for any agreed fees.

I understand that my information will be saved to file for future transactions on my account.

By signing this I authorize this agreement will remain in effect until the expiration of the credit card account and that you may revoke this form at any time by submitting a written request.

Signature

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