

Advanced Women's Health Institute
Credit Card Authorization Form

I, _____, Authorize Advanced Women's Health to charge my credit card below for any kind of violation stated in The Patient Care Agreement Form. I understand that my information will be saved to file for future transactions on my account.

Credit Card Information:
Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX Other _____
Cardholder Name {As shown on Card}:
Card Number:
Expiration Date {mm/yy}:
Card Security Code {On Back}:

Patient's Signature

Date