The Rhythm Centre

Mailing: P/o Box 571 Cottesloe Perth. Western Australia

Phone: 0417968380 **E-Mail: info@therhythmcentre.com**

Credit/Debit Card Payment Consent Form

Name _____
Print Last *First* *Middle Initial*

Name on Card if different _____

I authorize The Rhythm Centre *and PayPal*, to charge my credit/debit card for professional services as follows:

Initial

_____ This visit only, for the amount of $ _____.

_____ All visits in the next 12 months, beginning _____ /_____ /_____,

not to exceed $ _____ total.

_____ Recurring charges, date(s) of service _____ /_____ /_____ to

_____ **/**_____ **/**_____, not to exceed $ _____,

____ monthly, ____ semimonthly, ____ weekly, ____ per visit.

Type of Card: ☐ Visa, ☐ MasterCard, ☐ Discover.

Card Number _____ - _____ - _____ - _____, CVV Number _____

A 3-digit number in reverse italics on the **back** of the credit card

Expiration Date _____

Card Holder's Billing Address for Credit Card Statements:

_____
Street *City* *State* *Zip*

Card Holder's e-mail address to receive an electronic receipt:

_____

I understand that a full fee is charged for no show or cancellations with less than a 24 hour notice unless due to an emergency that is beyond your control. (severe car accident, severe illness, hospitalization, etc)

If I have questions about these charges, I agree to contact my provider. I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by my provider.

Card Holder Signature _____, Date ____ /_____ /____