

CREDIT CARD AUTHORIZATION FORM

I authorize Bethany Butler Myers LLC to keep my signature on file and to charge my credit card account in the event of a cancellation with less than 24 hours notice or a failure to show for a scheduled appointment. I have been notified of and agree to the Cancellation Policy as outlined in the "Informed Consent" signed agreement. This authorization may also be used for other unpaid fees or for recurring charges. Non-payment may result in termination of services. This consent is valid for the following client(s):

The beginning date for this consent is _____. I understand this form is valid unless I cancel the authorization through written notice to Bethany Butler Myers LLC.

Cardholder's Name: _____

Cardholder's Billing Address: _____

Cardholder's Phone #: _____

Credit Card Type (AmEx, Visa, MC): _____

Account #: _____

Exp. Date: _____

V-Code: _____

Billing zip code: _____

Cardholder's Signature: _____