

Spirit Walk LLC.
Credit Card Authorization Release

Note: Please fill out and return this form prior to your first visit. You may fax or e-mail the completed form. Please DO NOT add your CC#...instead call Spirit Walk LLC to give number over the phone after you have sent the form.

Ph: 832-631-6045 c: 832-419-8286 e-mail: nicollez@spirit-lifewalk.com fax:832-631-6001

Nicolle takes pride in the quality of care she offers her patients. In order to do this she has a strict cancellation policy. Spirit Walk LLC requires a 24-hour cancellation notice prior to your appointment time. If a No Show or sufficient time is not given, 50% of the full fee will be charged to the credit card we have on file.

I _____ authorized Nicolle Zultowski L.Ac., Dipl. O.M., LMT to charge the credit card given below, for cancellation fees.

This credit card will not be used for other payments or prepayments other than for cancellation fees. You will receive a phone or email notice letting you know your card has been charged. If Nicolle needs to leave a message she will conform to HIPPA regulations and simply state she is calling and she missed you today at your appointment, to please return her call at number.

Card Number _____ Expiration date _____

Visa ____ / Master card ____ Zip Code _____

Please provide updated card information as needed.

Name on Card if different from below: _____

Patient Name (print)

Patient Signature

Date