

Pathways to Wellness

A Southern California Relationship Center

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Pathways2wellness.com



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Client Easy Pay Consent Form

Date: ____/____/____

Client Name: _____
Last First MI

I authorize **Pathways to Wellness** to charge my payment card for the balance of fees for services rendered.

☐ For Workshop, _____, not to exceed \$ _____

☐ This visit only, not to exceed \$ _____

☐ All visits in the next year, beginning ____/____/____, not to exceed \$ _____

☐ Recurring charges

Dates of Service ____/____/____ to ____/____/____, not to exceed \$ _____

☐ monthly ☐ semi-monthly ☐ weekly ☐ per visit

I understand this form is valid for one year (unless otherwise stated above). I also understand that I may cancel the authorization *through written notice* to the provider at any time.

Circle One: VISA MASTERCARD DISCOVER AMEX

PLEASE PRINT LEGIBLY.

Cardholder Name

Cardholder's Signature

Credit Card Number

CVVC#

Expiration Date

Address

City, State, Zip