

# The Earthheart Institute

4307 S Leonard Springs Road • Bloomington IN 47403 • 812-825-3704 • Info@CenterThrive.com

CenterThrive.com • JoyPotential.com

Facebook.com/ThrivingRelationships • Facebook.com/YourJoyPotential

## Credit Card Authorization Form

*To make payment as easy as possible for you, you have the option of having us keep your credit card information on file. We will simply charge your card after sessions. All information is held securely and confidentially, and you can change your payment method at any time. Thanks so much!*

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US.  
All information will remain confidential.

Client Name: \_\_\_\_\_

Name on card, if different: \_\_\_\_\_

I authorize Earthheart LLC to charge my credit/debit card for services as described below. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. *(Initial below)*

\_\_\_ Recurring charges, following each date of service.

\_\_\_ To charge my card for the balance of fees not paid  
by my insurance company within 90 days.

\_\_\_ Special instructions: \_\_\_\_\_

Credit Card Type: \_\_ Visa \_\_ Mastercard \_\_ Discover \_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

CVV Number (last 3 or 4 digits located on the back/front of the card): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

If I have any 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.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

