

CREDIT CARD PAYMENT AUTHORIZATION

___ - Recurring Charge- You authorize regularly scheduled changes to your Credit Card . You will be charged the amount indicated below each billing period. A receipt of each payment will be provided to you and the change will appear on your Credit Card. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Reclaim Wellness to charge my
Credit Card below for \$ _____ on the _____ of each
month (Date).

Goods/Services Rendered _____

___ One(1) Time Charge- You authorize Reclaim Wellness to make a one -time Charge to the Credit Card listed below. By signing this form , you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize Reclaim Wellness to charge my
Credit Card for \$ _____ On _____ (Date).

Goods/Services Rendered: _____

I understand that this authorization will remain in effect until I cancel it in writing , and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be entered as a separate transaction from the authorized recurring payment. I acknowledge that

Billing Details

Billing Address _____

City, State, Zip _____

Phone Number _____

Email _____

Credit Card Information

___-Visa ___ - MasterCard ___ - AMEX ___-Discover

Signature _____