



# GROUP PARTICIPATION AGREEMENT

## Credit Card Pre-Authorization Form

**I authorize In Step to keep my signature on file and charge my VISA or MasterCard account for:**

\_\_\_\_\_ Recurring weekly charges of \$\_\_\_\_\_ to be charged on the date of  
the session.

I understand that this form is valid unless I cancel the authorization through written notice to In Step.

Patient Name \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Patient/Guardian Phone Number \_\_\_\_\_

Guarantor Email Address \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Visa            Mastercard

Credit Card Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_