



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 _____