

(1) CCA CREDIT CARD AUTH

Center for Conscious Alchemy
333 Grand Avenue, Suite 201
St Paul, MN 55102
612-424-0434 (P) 877-905-7069 (F)

AUTHORIZATION FOR CREDIT CARD PAYMENT

Name (as it appears on card) *

Card Number *

Billing Zip Code *

Security Code *

Expiration Date *

I/we authorize my provider from Center for Conscious Alchemy to bill the above credit / debit card for professional services as outlined in the Policies. I will notify Center for Conscious Alchemy, in writing if I no longer want my credit / debit card billed. FEES FOR ALL SERVICES ARE DUE AT THE TIME OF SERVICE and this card will be run for fees at time of service.

PATIENT SIGNATURE *
