

Credit Card Authorization Form

*Please complete all these fields. You may cancel this authorization at any time by contacting us on 718-635-3928. This authorization will remain in effect until canceled.

Credit card information
Card type:
Cardholder name (as shown on card):
Card number:
Expiration date:
Cardholder zip code:
SVV code:

I, _____, authorize New Patterns Therapy to charge \$70 from my card above in case of a no show for the appointment or a late cancelation (less than 72 hours prior to the appointment). I understand that my information will be saved on file for future transactions in case of issues mentioned above.

Date: