

# Emotional Wellness, LLC

610-779-7272

3933 Perkiomen Avenue  
Reading, PA 19606

7 Walden West Road  
Bernville, PA 19506

2481 Lancaster Pike  
Shillington, PA 19607

## Credit Card Payment Authorization Form

### Here's How Your Payment Works:

You're authorizing a one time charge to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated below. A receipt will be mailed to you upon request.

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### Please complete the information below:

I \_\_\_\_\_ authorize Emotional Wellness, LLC, to charge my credit card  
(full name)  
indicated below for \_\_\_\_\_ on \_\_\_\_\_ for a payment (specified per invoice) due on account.  
(amount) (date)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

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

Account Number \_\_\_\_\_

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

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will occur once only. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transaction corresponds to the terms indicated in this authorization form.