



## CREDIT CARD RECURRING PAYMENT AUTHORIZATION

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Recurring credit card payments are safe and convenient. To receive care at Movement Physical Therapy, LLC you must authorize charges to a Visa or MasterCard credit card. Per the payment agreement on the "Patient Registration" and this form you will be charged either at time of service and/or at monthly billing periods for an estimate or the total amount due for that period. A receipt will not be provided to you. Charges made to your credit card will appear as "Movement Physical Therapy LLC" on your credit card statement.

**Ongoing Authorization to Charge Credit Card:** I hereby request and authorize Movement Physical Therapy LLC to charge my credit card for all current and future amounts when due.

Card Type:                    \_\_\_ Visa                    \_\_\_ MasterCard

Name on Card:                    \_\_\_\_\_

Card Number:                    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Verification (CVV) Number: \_\_\_\_\_

Billing Zip Code:                    \_\_\_\_\_

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

I authorize the above-named business to charge the credit card indicated in this authorization form. I understand that this authorization will remain in effect until I cancel it in writing. I certify that I am an authorized user of this credit card and will not dispute the payments with my credit card company provided the transactions correspond to the terms on this authorization form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date