



**Credit Card Authorization**  
**RENOVARÉ WELLNESS, PLLC**  
**Pamela Hafemann, MA, LPC, LCDC**

I authorize: RENOVARÉ WELLNESS to keep my signature on file and to charge my credit card selected below for session fees. This will include the following family members:

\_\_\_\_\_  
\_\_\_\_\_

Check One:  Visa       MasterCard       American Express       Discover

I understand that this form is valid for one year unless I cancel the authorization through written form to the health care provider.

Client name \_\_\_\_\_

Card holder name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (last 3 digits on back) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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