



Annual Consent For Credit Card on File

I authorize New Horizons Wellness Services to keep my credit card signature on file beginning on

Date: _____ and ending on: _____ (typically 1 year)

I agree that charges will not exceed the amount of: \$ _____ (\$300 is customary)

Last four digits of Credit card: _____

Date of expiration: ____/____/____ and Security Code: _____

I understand I will have to call NHWS to provide them with the full valid credit card number that applies for this consent.

I agree that New Horizons Wellness Services may charge my credit/debit card for charges related to all transactions during the stated time, up to the charge limit listed per transaction. I understand I may withdraw this consent at any point in time by making alternate payment arrangements for services, in particular telehealth services.

On behalf of client: _____

Name of signatory for credit card: _____

Signature of signatory: _____