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## Payment Authorization Form

By signing this form, you authorize The Vitality Center to make charges to your credit card for sessions scheduled by you, missed appointments, and appointments cancelled less than 24 hours from your scheduled appointment. You agree that no prior notification will be provide.

**Please complete the information below:**

I, \_\_\_\_\_ authorize The Vitality Center to charge my credit card for all of the above reasons.

CC#: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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