

Northwestern Academy of Homeopathy
REMEDY ROOM
7104 W. Lake Street
St. Louis Park, MN 55426
952-224-9292

CREDIT/DEBIT CARD ON FILE AUTHORIZATION

All information on this sheet is kept secure and confidential and can be updated or changed upon client request. Receipts and year-end statements can be provided electronically upon request to the business office.

Practitioner name: _____

Practitioner address: _____

E-mail address for receipts: _____

Cardholder name (as it appears on the card): _____

Card type (Circle one) VISA MASTERCARD DISCOVER (NO AMEX)

Card number: _____ Exp Date: _____

Zip code of billing address: _____

Client Signature: _____

Date: _____

I agree to maintain a current Credit/Debit Card on file.