Doyle Family Chiropractic

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(219) 838-9000

WILD WEDNESDAY

Credit Card *Authorization Form*

The third Wednesday of each month is Wild Wednesday: all supplements and supports are 15% off. Can't make it in during office hours that day? Fill out this form and bring it to the office.

Name:

_____

Credit Card Number:

_____

Expiration Date: _____

3 Digit Security Code: _____

- I authorize Doyle Family Chiropractic to keep my credit card information on file for my Wild Wednesday purchases.
- I recognize my card will be automatically charged for ONLY my Wild Wednesday purchase if I have not called to cancel or arrived by 2pm on Wild Wednesday.
- I am responsible for providing updates to the above credit card information.
- This authorization shall remain in effect until Doyle Family Chiropractic receives "in person" or written notification from me.

Card holder's signature: _____

Date: _____

Please bring this form to the office in person. For your security, do not send card numbers by email or text.