

Phone: 853-0000  
CarilionWellness.com



## CREDIT CARD DRAFT AUTHORIZATION

CARDHOLDER'S NAME: \_\_\_\_\_

CARD ACCOUNT #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

MONTHLY DRAFT AMOUNT: \_\_\_\_\_

YEAR IN ADVANCE AMOUNT: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.*

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