



Westfield Psychiatric
WELLNESS CENTER

(908) 233-8065 | westfieldpsychiatricwellnesscenter.com

Westfield Psychiatric Wellness Center
590 Westfield Ave, #4
Westfield, NJ 07090

AUTOMATIC CREDIT CARD PAYMENT AGREEMENT

I authorize Westfield Psychiatric Wellness Center to keep my credit card information and signature on file and to charge my credit card account on an ongoing basis for charges owed. I understand that this authorization remains valid and is self-renewing from the date listed below unless I cancel the authorization through written notice to Westfield Psychiatric Wellness Center. I agree to notify Westfield Psychiatric Wellness Center of any changes to my credit card account information.

Cardholder Name: _____

Cardholder Billing Address: _____

City, State, Zip Code: _____

Card Type: Visa Mastercard Discover AMEX HSA/FSA Card

Credit Card Account #: _____

Expiration Date 00/0000: _____

V-Code: _____ (The V-Code is a 3 or 4 digit on the back of your card)

If I supply fraudulent information, Westfield Psychiatric Wellness Center has the right to take appropriate legal action, including the right to hire services for an attorney, and all reasonable costs and fees associated with it will be my responsibility.

I certify that I have read the terms and conditions and that I fully understand all of the above and I agree with the cancellation policy.

Agreement read and accepted

Date