

Northwestern Academy of Homeopathy
REMEDY ROOM
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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 are provided in the remedy package or to the email provided below.

Practitioner name: _____

Client Name: _____

Client 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: _____ CVV: _____

Client Signature: _____

Date: _____

I agree to maintain a current Credit/Debit Card on file. Charge will appear as Minnesota Center for Homeopathy on your statement.