



AUTOMATIC PAYMENT AUTHORIZATION FORM

This is my authorization for Zen Garden Wellness to deduct from my account, as indicated below, on the 5th of each month. This contract will remain in effect until written notice of cancellation is received by Zen Garden Wellness.

Card Type:

Visa
MasterCard
American Express
Discover

Wellness Plan:

\$70 (fifty minute Customized Massage)
\$100 (eighty minute Customized Massage)
Add Gratuity of \$ _____

NAME: _____
as it appears on your card

Account Number _____

Expiration Date _____ CVV Code _____ Billing Zip _____

Signature _____

Address _____

Phone _____

Email _____

Your massages will accrue monthly. If you are unable to make it in for your message, you may gift it to someone. If you would like to gift one, please email us at ZenGardenWellness@gmail.com with the name of the person.