



Membership Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your Visa, MasterCard, American Express or Discovery Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regular scheduled charges to your credit card. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **Devenir Aesthetics** to Charge my Credit Card indicated below for \$_____ (select membership club) on the 1st or 15th (chosed one) monthly calendar day for payment.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card Information:

Visa

MasterCard

Amex

Discover

Cardholder Name _____

Account Number _____ Exp. Date _____

CVV (3-digit number on back of card) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Devenir Aesthetics in writing of any changes in my account information or termination of this authorization at least **30 days prior to the next billing date**. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Membership start date _____

Initials _____

PLEASE Bring this form with you on your next Devenir visit!

Or forward by EMAIL using our securely encrypted info@deveniraesthetics.com address.