



CHIROPRACTIC SOLUTIONS

THE RUB CLUB

I, _____, hereby authorize Chiropractic Solutions to initiate debit entries to the credit card account indicated below and Credit Card Company to debit such account. I understand that this authorization will remain in full force and effect for 12 months.

Name: _____

Date:

Address:

City: _____

State: _____

Zip Code:

Home Telephone: _____ Work Telephone: _____ Cellular:

Start Month of Auto Debit: _____ Monthly Amount:

Payment will be automatically withdrawn on the 15th of each month or first following business day. Chiropractic Solutions accepts Visa or MasterCard for Rub Club payment. We will need to copy your credit card for verification.

Name on Account: _____

Credit Card Number: _____

Expiration: _____ CVV:

- ❖ The Rub Club program is non-transferable.
- ❖ The Rub club is a 12-month commitment and will be automatically withdrawn from your account on the 15th of each month or the first business day following the 15th.
- ❖ Massages may not be carried over from month to month.
- ❖ Any missed or cancelled appointments without 24-hour notice will result in the loss of the cancelled massage.
- ❖ If a charge is declines or rejected, there is a \$25 fee for the reprocessing transaction.



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I, _____, agree to all of the terms and conditions of the Rub Club provided at Chiropractic Solutions.

Signature

Witness

Date

Date