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Credit Card Authorization Form

Elizabeth Kennard, PLLC requires a card be kept on file for co-pays, late cancellation fees, or missed appointment fees. Clients must call to cancel an appointment at least 24 hours before the time of the appointment. Cancellations with less notice and missed appointments will be charged the full amount.

Please complete all fields. You may cancel this authorization at any time by contacting Elizabeth Kennard, PLLC. This authorization will remain in effect until canceled.

Credit Card Information
Card Type <ul style="list-style-type: none">● Master Card● Visa● Discover● AMEX● Other _____
Credit Card Number _____
Expiration Date _____ CVV _____
Cardholder ZIP Code _____

I, _____, authorize Elizabeth Kennard, PLLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transitions on my account.

Customer Signature

Date