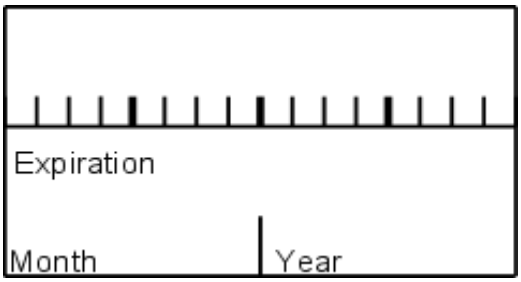
POINTS OF LIFE, Inc
Michelle Kung de Aburto, LAc., Ph.D., Dipl. O.M.

PAYMENT AUTHORIZATION FORM

I authorize POINTS OF LIFE, Inc., to keep my signature on file and to charge my credit card for recurring charges for office visits and supplements.

Visa or MasterCard (please circle one)



I understand that this form is valid for one year from the date signed, unless I cancel the authorization through written notice to the healthcare provider.

Patient Name

Cardmember Name

Cardmember Billing Address City State Zip

X

Cardmember Signature Date

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