



Automatic Withdrawal Form

Thank you for choosing Balanced Paws!

Please fill out the below information as accurately as possible.

Owner's Full Name: _____ Pet's Name: _____

Credit Card # : _____ Verification # : _____

Card Type (Visa/MasterCard): _____ Expiry Date: _____

By signing this document, you understand that Balanced Paws will be authorized to withdraw all necessary and outstanding payments directly from your account. You understand that this authority will remain in full force and effect unless and until Balanced Paws has received written notification of its termination. All credit card information will be safely secured on premise at all times, and no information will be released to third parties under any circumstances.

Pet Owner's Signature: _____ **Date:** _____