

# ACUPUNCTURE AND CHINESE MEDICINE CENTER

7600 Parklawn Avenue, Suite 321 • Edina, MN 55435  
Phone: 952-820-0877 ♦ Fax: 952-820-3080

## Electronic Payments Authorization Form

I, \_\_\_\_\_ hereby authorize Acupuncture and Chinese Medicine Center, to charge the following credit card account for services or products rendered.

In the event of non-payment or loss of coverage from insurance providers, this card will be charged for any and all services provided by ACM Center (treatments, phone/in-person consultations, herbal and/or shipping fees, etc...).

### Credit Card Information (Please Print)

Card Number: \_\_\_\_\_

PIN Number (Last 3 digits on back of credit card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I would like to pay ACM Center through PayPal or Zelle (please check One)

\_\_\_\_ PayPal : [ezhuo576@yahoo.com](mailto:ezhuo576@yahoo.com)

\_\_\_\_ Zelle : [eileen.zhuo@acmcenter.com](mailto:eileen.zhuo@acmcenter.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_