Fresh Start
Weight & Wellness

Automatic Payment Authorization.

By signing this agreement, I authorize **Physicians Group of South Florida, PA** to automatically charge the credit card listed below each month in the amount of **$50** for my participation in the Fresh Start Program.

I understand that this charge will be processed on the **1st day of each month**, beginning on _____, and will continue a recurring monthly basis unless otherwise canceled in accordance with program policies.

I acknowledge that it is my responsibility to ensure that my payment information remains current and valid.

Name Showing on the card: _____

Credit card number: _____ Expiration Date: _____

CVV: _____

Signature: _____ Date: _____