



2675 36th ST NE #401  
Calgary AB T1Y6H6  
403-769-9111

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In the event that Urgent Care Chiropractic are not able to collect from the motor vehicle insurance company, or proceeds from a law firm; I \_\_\_\_\_  
authorize Urgent Care Chiropractic to charge the following credit card for the balance owing on my account after notifying me by phone and in writing.

Credit Card (circle one): Visa or MasterCard

Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVD: \_\_\_\_\_

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

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