



224 Datura Street, Suite 300-06
West Palm Beach, Fl. 33401
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www.lahealthandrejuvenation.com

Payment Form

Customer Information:

Today's Date First Name, MI, Last Name Phone #

Street Address: _____

City: _____ St: _____ Zip: _____

E-Mail Address: _____

Name of Bank: _____

Checking Account ABA (routing#) _____

Account # _____ Check # _____

Name as it appears on account: _____

Amount Authorized: _____

I authorize LA Health & Rejuvenation to debit my checking account the above authorized amount:

Customer Signature: _____

Date: ____/____/____