



**VITALITY CENTERS NW**

*Spokane Vitality Center  
Vitality Men's Center*

104 S Freya St.  
Lilac Flag Bldg, Suite 217  
Spokane, WA 99202  
(509) 279-5738 Fax (509) 290-6305  
[office@spokanevitality.com](mailto:office@spokanevitality.com)

**Initial Visit Payment Form**

I authorize Spokane Vitality Center to initiate an electronic payment of **\$189**, for my initial visit, from my:

Visa    MasterCard    Discover    HSA/FSA

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

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

**\*\*Please also use this card for my monthly / annual (circle one) charges. \$83 month/\$900 annual**

**Monthly charge to be withdrawn on the: 1 10 15 20 28 (circle one).**

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your chosen credit/debit card account. Your payments will be made automatically on the specified day. Proof of payment will appear on your credit card statement. You will also receive an email receipt when your payment clears. The authority you give to charge your account will remain in effect until you notify us, in writing, to terminate the authorization.

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