



4000 N. Federal Hwy, Suite 201  
Boca Raton, Fl. 33431  
Direct: 866-826-2090  
Fax: 866-826-4811  
[www.lahealthandrejuvenation.com](http://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 CH Hudson Group to debit my checking account the above authorized amount:

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

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