

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us in writing.  
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____ Security Code: _____	
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases, including but not limited to counseling fees, coaching fees, online subscription fees and no-show and late cancellation fees. I understand that my information will be saved to file for future transactions on my account.

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

\_\_\_\_\_  
Date