*[Your logo/letterhead goes here]*

# Credit/Debit Card Authorization

I, authorize *[your name and company name here],* to charge my credit/debit card for the amount shown for services or programs as noted below until I terminate that authorization in writing.

Client Name:

Name on Card: (if not the same as above) :

Billing Address:

City, State, Zip:

Phone:

Email:

Card Number:

Expiration Date MMYY:

$ Amount per month (see Coaching Agreement) :

Card Type:  MasterCard  Visa

Authorized Signature/Date:

Prior to your first session, please fax or mail this form to:

*[your name, company name, business address and fax go here]*