

# Credit/Debit Card Authorization

I authorize Victorious Vision Coaching, LLC*,* 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 [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior to your first session, please email this form to:

*Victoriousvisioncoachingllc@gmail.com*