



CREDIT CARD BILLING AUTHORIZATION FORM

Client Name \_\_\_\_\_

Cardholder Name (as imprinted on credit card) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Credit Card Type:

Visa

Mastercard

Amex

Other: \_\_\_\_\_ (please specify)

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

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

CVV Code: \_\_\_\_\_

*By signing this document, I hereby authorize Mandala Family Wellness LLC to charge my credit card for the amount reported on my monthly invoice.*

Printed name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

*Enrollment is assumed to be ongoing and automatically renewing every month, unless written notification of withdrawal is provided by the 1st of the month prior to the expected withdrawal month.*