**Credit Card Authorization Form**

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

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| **Credit Card Information** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX CVV Code  |
| Cardholder Name (as shown on card):  |
| Card Number:  |
| Expiration Date (mm/yy):  |
| Cardholder ZIP Code (from credit card billing address):  |

I, , authorize Chicago BodyMind Wellness Studio to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. This form will be securely shredded and will not be kept on file.

Customer Signature Date