

**Abundant Life Academy**  
**Credit Card Authorization Form**  
**-Medical-**

Please provide the information requested below and send to:  
**Abundant Life Academy, P.O. Box 402, Kanab UT 84741**

\$ \_\_\_\_\_

**Credit Card Information**

Visa  MasterCard

Cardholder Name: \_\_\_\_\_

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

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

3 digit Code on Back (visa only): \_\_\_\_\_

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

(Address where monthly credit card statements are received)

\_\_\_\_\_

Phone Number: \_\_\_\_\_

(Associated with credit card)

**\*\*If a bank outside the US issued the credit card you are providing, please provide a copy of the card front and back along with this form. Be sure to lighten copies before copying\*\***

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Abundant Life Academy to charge my credit card, for the services provided. Abundant Life Academy will provide me with an itemized statement detailing any charges. I further agree that in the event my credit card becomes invalid, I will provide Abundant Life Academy with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Abundant Life Academy.

**Cardholder Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_