

Credit Card Authorization

I authorize *Coaching by Shelia* to charge my credit card for coaching services. I understand that my card will be debited automatically within the first week of each month. This monthly debit will recur until this authorization is cancelled by the cardholder verbally with an immediately following written notice via email.

The amount to be charged is: \$_____ in US dollars.

I will be using my: ___ Visa, ___Master Card, ___American Express

Card Number: _____

Expiration date: _____

Name on the card: _____

Billing address: _____

Billing Phone Number: _____

Email: _____

Signature of cardholder: _____

Once the form is completed, please sign and return to:
Shelia@sheliabarnett.com. You may also mail your completed document to: *761 Springdale Woods Dr., Macon, GA 31210*. Please make it to my attention.

Thank you for your cooperation in this billing matter.

Coaching by Shelia
Shelia Barnett