



Levamentum, LLC
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Credit Card Authorization

Please complete all parts of this form. You may cancel this authorization at any time by notifying us. This authorization will remain in effect until canceled.

CREDIT CARD INFORMATION

Credit card company: Visa Mastercard Discover American Express

Cardholder name as it appears on the card: _____

Card number: _____

Expiration date: _____

CVC code (3 or 4 digits): _____

BILLING ADDRESS

Address 1 (number and street): _____

Address 2 (apartment, suite, etc.): _____

City: _____

State: _____

Zip code: _____

Phone number: _____

I, _____, authorize Levamentum, LLC, to charge the credit card above for payments for services rendered and/or for cancellations less than 24 hours in advance, per the policies outlined in **Client Information and Consent**. I acknowledge that my information will be kept on file for future transactions.

I acknowledge that this authorization will remain in effect until it is canceled and I notify Levamentum, LLC, of such de-authorization. I also agree to notify Levamentum, LLC, in writing of any changes in my account information and termination of this authorization at least 15 days before the next scheduled billing date. If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day.

I also certify that I am the owner of the credit card described above and will not dispute the scheduled payments with my credit card company; provided that the transactions correctly correspond with the terms written on this authorization form.

Client signature

Date