



Bozeman Karate Update Credit Card Authorization

To protect you and your account information, no changes will be made to an account without express written direction on this document authorizing such changes. This document authorizes the new monthly draft amount shown below and will remain in full force until we have received 30 day written notification from me of its termination, in such a manner as to afford Bozeman Karate reasonable opportunity to act upon it.

Today's date: _____

I would like these changes to take effect starting on the 1 st / 15th of: _____

Previous amount of monthly auto draft: \$ _____ New amount of monthly auto draft: \$ _____

Reason for change:

I hereby authorize Bozeman Karate, to charge my Credit Card account indicated below.

Cardholder's Name: _____

Signature: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____

Expires: _____ / _____

Billing ZIP Code: _____

Credit Card ID Number (last 3 digits on the back of the card): _____

Email: _____

PLEASE PRINT OUT AND COMPLETE THIS FORM AND RETURN IT TO OUR OFFICE

Office Use Only:

Auth:	Date:	EI:
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