



## Recurring Credit Card Payment Authorization Form

Sign and complete this form to authorize actionwrX, LLC, dba Nichole Rae, Coach Nichole Rae & actionwrX Personal Fitness Coaching, to make a monthly recurring debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a monthly recurring transaction for your monthly coaching services, and does not provide authorization for any additional unrelated debits or credits to your account. **Please note \* Should you choose to discontinue coaching you must submit in writing to [nichole@actionwrX.com](mailto:nichole@actionwrX.com) 10 days prior to the 1<sup>st</sup> of the month in order to avoid being charged. YOU WILL BE CHARGED IF NOTICE IS NOT GIVEN TEN DAYS PRIOR TO THE 1<sup>ST</sup> OF EACH MONTH.**

---

### Please complete the information below:

I \_\_\_\_\_ authorize actionwrX, LLC, to charge my credit card  
(full name)

account indicated below for \$100 on or after the 1<sup>st</sup> of every month, but only once per month. This payment is for Personal Fitness Coaching.

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

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

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

Account Number \_\_\_\_\_

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

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for recurring monthly payment only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.