

CHARGE/DEBIT PAYMENT AUTHORIZATION FORM

Prizms Center for MindBody Integration LLC

Please Read: *It is recommended that you enter your own charge card information for payment on Prizms' website (www.prizms-ahealingplace.com) under the "Purchase Online" menu tab. This is handled securely through our PayPal payment service. If, however, you prefer or need Prizms to enter your information on your behalf, LEGIBLY PRINT the information requested on this form and FAX or MAIL it to Prizms using the contact information below. If submitting registration form, please submit both forms together. Also, medical-spending account types of charge cards will typically NOT work for payment to Prizms, so please do not attempt to use these.*

Your Email Address: _____

Your Telephone Number: _____

Type of Card: VISA MasterCard AmericanExpress Discover
(check one)

Card Number: _____

Security Code: _____ Amount to Charge: \$ _____
(found on front or back, depending on the card)

Name as it appears on card: _____

Billing Address: _____
(associated with this card)

By signing below, I hereby acknowledge that I have read the statement above and that I am authorized to use this card. I authorize Prizms Center for MindBody Integration LLC to enter the information and charge the amount above on my behalf for payment toward services, products, or trainings, as applicable.

Signature of Authorized Card Holder

**FAX completed form to Prizms @ 336.761.5071; or
MAIL to: Prizms; PO Box 20323; Winston-Salem, NC 27120**