

# Chamberlain Studios of Self Defense™

## Changes to Credit Card Authorization

To protect both you and your account information, **No Changes** will be made to an account without your express written direction authorizing such changes. Drafting is done on the 5th of the month for the current month.

Today's date: \_\_\_\_\_

Student Name	Name/Type of Class	Monthly Amount
1		\$
2		\$
3		\$
4		\$
5		\$
<b>New total monthly amount to be billed to my account on the 5<sup>th</sup> of the month</b>		<b>\$</b>

I (We) hereby authorize **Chamberlain Studios of Self Defense™ (CSSD)**, to charge our Credit Card account indicated below.

Cardholders 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): \_\_\_\_\_

This Authorization is to remain in full force until **CSSD** has received 30 day written notification from me of its termination in such a manner as to afford **CSSD** reasonable opportunity to act upon it.

Previous amount of monthly Credit Card draft: \$ \_\_\_\_\_

New amount of monthly Credit Card draft: \$ \_\_\_\_\_ **OR** single time charge \$ \_\_\_\_\_

Reason for change: \_\_\_\_\_

*\*To be retained in company file until termination\** Drafting is done on the 5th of the month for recurring charges.

**PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION  
AND RETURN IT TO OUR OFFICE BY FAX: (214) 366-3916 OR BY REGULAR MAIL.**

**Chamberlain Studios of Self Defense™ 2739 Bachman Drive, Dallas, TX 75220  
T: 214-351-5367 F: 214-366-3916 W: DallasKenpo.com**