



PAYMENT AUTHORIZATION

(PLEASE PRINT)

Name of Applicant _____ DOB _____

Telephone (_____) _____

Driver License # _____ State _____

I authorize EDUCATIONAL AWAKENING CENTER (EAC) to charge my credit card for the below-specific charges. This authorization is to be held for EAC's information only and will not be released to any unauthorized persons.

Workshop of interest: _____ Discovery } Date of Workshop _____
_____ Transformation }
_____ Mastery }
_____ Inner Child }
_____ SELP }

Name of Cardholder _____ (please print)

Card Holder's Phone # (_____) _____

Credit Card Type (check one): [] Visa [] Mastercard [] Discover [] Other _____

Card Number: # _____

Expiration Date ____ / ____ 3 digit code as found on back of card _____

Amount Authorized: \$ _____

Card Holder's Signature X _____ Date _____