



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 _____