



THE POINTE
HEALTH
CLUB

Automatic Credit Card Billing Authorization Form

For your automatic monthly payment, please complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for each month and your total charges will appear on your monthly credit card statement. **You may cancel this automatic billing authorization by informing us in writing at least 30 days before the next billing cycle.**

Customer Information (To be completed by customer)

Customer Name

Phone

Email

Payment Information (To be completed by merchant)

I authorize Catalina Media Development LLC, to automatically bill the card listed below as specified:

Amount: \$35.00

Frequency: Monthly

_____/_____/_____
Start billing on

End billing when: Customer provides written cancellation
30 days prior to termination.

Credit Card Information (To be completed by customer)

Credit card type
(NO Amex)

Credit card number

_____/_____
Expires

Cardholder's name (as shown on credit card)

Cardholder's billing zip code

CVN

Street Address

City/State

Cardholder's signature

_____/_____/_____
Date