



## Authorization for Credit/Debit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ 100.00

**Monthly U&I Group (UT Pro) Fee**

I authorize **U&I Group (Michelle Kim)** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

### Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Return the completed and signed form:

[unilin20@gmail.com](mailto:unilin20@gmail.com) or send to 864-704-2258

**Tae Kwon Do School Name:** \_\_\_\_\_

**Best Email Contact:** \_\_\_\_\_

**Best Phone Number:** \_\_\_\_\_