

# CUL / MIG Appointment Fees Credit Card Authorization

Name As It Appears on Card :: \_\_\_\_\_

Card Type ::  Mastercard     Visa     AmEx     Other :: \_\_\_\_\_

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

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

Zip Code :: \_\_\_\_\_

By Signing below, I authorize CUL / MIG to charge the above credit card for my appointment fees in the amount of \$ \_\_\_\_\_

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Signature

Date