

**AUTHORIZATION AGREEMENT  
AUTOMATIC CREDIT CARD PROCESSING**

I (we) hereby authorize Active Life Institute LMTD to process package plan payments on my credit card/debit card on the 15<sup>th</sup> of the month.

---

Credit Card Company i.e: Visa, MasterCard, Discover

---

Credit Card Number (16 digits)

---

Expiration Date

---

CVN (3 numbers on back of card)

This authority is to remain in full force and effect until Active Life Institute LMTD has received written notification from me (or either of us) of its termination and manner as to afford a reasonable opportunity to act on it.

---

(Print Individual Name)

---

(Signature)

---

(Date)