AUTOMATIC BILLING AUTHORIZATION FORM

Company Name:
California Citizens for Health Freedom
2362 Palermo Road
Palermo, CA 95968
530.534.9758

FROM YOUR CREDIT CARD:

I authorize California Citizens for Health Freedom to charge a monthly amount indicated below directly to the credit card listed below:

_____
Name on credit card (exactly as printed)

_____
Billing Address for credit card (Street, Apt. #)

_____
City, State – Zip

_____
Credit card number Expiration Date

$_____
Monthly amount I authorize you to charge

_____
Signature

_____
Email

This authorization is valid until I provide you with written cancellation.

Please scan and email to ginny@citizenshealth.org or
FAX to (916) 487.1774* or Mail to:

California Citizens for Health Freedom
5536 Marconi Ave, Suite 106
Carmichael, CA 95608

*Call (916) 487.1774 first to attach Fax machine.