



Your Path to
PROSPEROUS LIVING



Credit Card Authorization Form

Date: _____

Francis Financial, Inc. is hereby authorized to charge the designated credit card account of the undersigned in the amount specified in payment of one or more of the following, as indicated:

Amount Due \$ _____

* * * *

Name of Cardholder (as it appears on card) _____

Company Name (if applicable): _____

Designated Credit Card: Discover MasterCard VISA American Express

Credit Card No.: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City/State/Zip Code: _____

Authorized Signature: _____

Stacy Francis, CFP[®], CDFP[™]

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