



Phone: 786-873-2355

www.soi-online.com
info@soi-online.com

Check Authorization Form

I authorize Shownda Pagan of Soi to charge my credit card for her services.

My authorization Info is as follows:

Institution/Bank Name: _____

Institution/Bank Type: Business Checking Personal Checking

Institution/Bank Routing #: _____

Institution/Bank Account #: _____

Amount Authorized USD\$: _____

Address: _____

City, State and Zip: _____ Country: _____

Contact number: _____

E-mail Address: _____

Signature: _____ Date: _____