Debit/Credit Card Authorization Form

Womencare accepts Visa, Mastercard, Discover and American Express. In order to pay by debit or credit card please complete the form below and attach a copy of both sides of your credit card to this form. Your card information will be confidentially kept on file and processed for the specified and authorized amount only at your request.

No charges will be made without your signed approval. Debit and credit card payments will appear on your statements as the date the payment was approved, standardly within 48 hours of your appointment.

You may cancel this service and have your card information removed at any time by contacting us at 847-475-7003 x23.

**Debit/Credit Card Information**

Cardholder’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s email and/or phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Type (Visa, Discover, AmEx, MC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debit/ Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expires: \_\_\_\_\_\_\_ CVC: \_\_\_\_\_ Card Billing ZipCode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_