Debit/Credit Card Authorization Form

**Please Type Directly on This Form**

Womencare accepts Debit, 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. Credit card payments will appear on your monthly statement as the date the payment was approved.

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

**Customer Information**

|  |  |  |
| --- | --- | --- |
| Last, first name: | Email: | Cell phone: |
|  |  |  |

**Debit/Credit Card Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Card Type: | Debit/Credit Card Number: | | | Expires: | | | | | | | | | | |  | |
| Visa  Discover  MC  AmEx |  |  | |  | | | / | |  | | | | |  | |  | |
| Debit |  | | | | | | | | | | | |  | |  | |
| Cardholder’s name: |
|  | | | | | | | | | | | | | | |
| Card Billing Address: |  | | 3 Digit  Sec Code: | | | | | | |  | | | | |
|  |  | |  | | | | | | | | | | | |
| Cardholder’s Signature: |  | |  | | Date: | | | | | | | | | |
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