

LIVING HOPE COUNSELING CENTER
3000 Lenhart Road, Springfield, IL 62711
(217) 698-7150

Authorization for Credit Card Use

All information will remain confidential

(This document will be stored electronically and the paper copy shredded for your protection.)

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize Living Hope Counseling Center to charge the amount listed above to the credit card provided herein. I agree to pay for this service purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date:

Signature: _____

Date: _____

Print Name: _____

Email Address (required for email receipt) _____

Return the completed and signed form to the following:

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