



Improving Lives In-Home Care

Authorization for Automatic Credit Card Payment

I authorize Improving Lives In-Home Care to keep my signature on file and to charge my Credit Card for all charges incurred by me during each billing period. This will be done on a twice monthly basis, mid-month and end-of-month. For any errors, charges will be made or credited during the next billing period. Credit card information will be deleted should you cancel service with us. We accept MasterCard and Visa.

Client Name: _____

Credit Card #: _____ Type: _____

Expiration Date: _____

Personal Security Code _____ (3 digit number on back of the card)

Billing Address of Credit Card _____

Billing Address Phone Number _____

Email to send Receipts _____

Client Signature: _____

Date _____