



495 N. Riverside Dr., Ste 208  
Gurnee, IL 60031  
224-208-5228  
LifePointTherapy.com

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type	<input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card)	
Card Number	
Expiration Date (mm/yy)	Security Code (3 digits):                      HSA card?    Y    N
Billing Address	
Zip	

I, \_\_\_\_\_, authorize *LifePoint Child & Family Therapy LTD* to charge my credit card above for agreed upon service fees including credit card processing fee. I understand that my information will be saved to file for future transactions on my account. I also understand that unless otherwise agreed upon, fees are collected on the date of service.

\_\_\_\_\_  
Card Holder Signature                      Date

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