PHOENIX WOMEN'S CLINICS

***7th Street Clinic*** - 9303 N. 7th Street, Suite #4, Phoenix, AZ 85020
***McDowell Clinic*** - 3516 W. McDowell Rd., Phoenix, AZ 85009
***Hope Mobile Clinic*** - *…On the move serving our community*
**(602) 305-5100** www.LCWCaz.org info@lcwcaz.org

# One Time Credit Card Payment Authorization Form

Complete and sign this form to authorize Life Choices Women's Clinic to make a one-time debit/credit to your credit card listed below. This permission is for a single transaction only and does not provide authorization for any additional debit/credit to your account. This form will be accepted only when a government-issued photo ID is also presented for the **patient name** listed below.

I, _____, hereby authorize Life Choices Women's Clinic
*(full name)*
to charge my credit card indicated for $_____ on or after _____.
(dollar amount) (date)
This payment is for services for _____.
(patient name)

Cardholder Name: _____
Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Card Number: _____ Expiration Date: _____
CVV Code: _____ (3-digit number on back of V/MC/Dis, 4-digit number on front of Amex)
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone: ( ) - _____ Email: _____

_____ _____
Cardholder Signature Date

I authorize Life Choices Women's Clinic to charge my debit/credit card indicated according to the terms outlined above. This payment authorization is for services rendered to the above referenced patient name, for the amount indicated, and is valid for one-time use only. I certify that I am an authorized user of this card, and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this authorization.

**Fax completed form to 602-870-7697**
**or**
**Email info@lcwcaz.org**

For questions, contact the Life Choices office at 602-305-5100.