



ROYAL PALM ADULT DAY CARE CENTER
CREDIT CARD AUTHORIZATION FORM

Participant Information

Participant Full Name: _____

Date of Birth: _____

Start of Care (SOC) Date: _____

Cardholder Information

Cardholder Name (as it appears on card): _____

Relationship to Participant: _____

Billing Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Credit Card Information

Card Type (check one): Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ CVV: _____

Authorization

I hereby authorize Royal Palm Adult Day Care Center, Inc. to charge the credit card listed above for fees related to services provided to the participant, in accordance with the **Services, Rates & Financial Agreement** and the Facility's billing policies.

Charges will be processed **weekly**, on **Mondays**, for services provided during the **previous week**, unless otherwise required by payer guidelines.

This authorization will remain in effect until the participant's **discharge**, this authorization is revoked in writing, or the credit card information is updated.

Right to Revoke

I understand that I may revoke this authorization at any time by providing written notice to Royal Palm Adult Day Care Center, Inc. Revocation will not apply to charges incurred prior to receipt of the written notice.

Acknowledgment & Signature

By signing below, I acknowledge that I have reviewed and understand this authorization and agree to the charges as described.

Cardholder Signature: _____

Printed Name: _____

Date: _____