

The Next Chapter Daytime Senior Care & Activities

Credit Card & ACH (Bank) Authorization Form

Please complete all fields below. You may cancel this authorization at any time by contacting us and submitting a written request. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):	
Card Number:	CVC:
Expiration Date (mm/yy):	
Cardholder ZIP Code (from credit card billing address):	
Email Address:	

ACH Information (Bank Account)	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Account Holder Name:	
Account Number:	Routing Number:
Account Holder Phone #:	Account Holder Zip Code:
Email Address:	

I, _____, authorize **Next Chapter Assisted Living, LLC** or its affiliates to charge my credit card and/or bank account above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date