ValuCare
You can count on us

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:	☐ MasterCard	☐ VISA	☐ JCB	☐ AMEX
	☐ Diners Club	☐ UnionPay		
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):				
Cardholder ZIP Code (from credit card billing address):				

I, _____ authorize Valuecare Health Systems, Inc. to charge my credit card above for agreed membership fee and other charges for **one-year contract** based on my due date.

I understand that my information will be saved to file for future transactions on my account.

I have read, understand and duly signed the Data Sharing Agreement attached to this Authorization Form.

_____ _____

Member Signature Date