



# Keepsake Companions

*Improving Lives, One Household At a Time*

## Billing options

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*For your convenience, we have several payment options for you to choose from.*

### Option 1: Credit card

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*Credit card information on file, authorization sheet signed. You will receive an invoice weekly that will indicate the balance has been paid and your card will be charged weekly and a copy of the charge slip.*

*\*Requires a deposit equal to first week of service*

### Option 2: weekly invoice

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*Invoices will be mailed/emailed to you each week and payment must be mailed to the office.*

*\*Requires deposit equal to first week of service*

### Option 3: Auto pay

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*Blank check "VOIDED" is provided and kept on file. Authorization sheet signed. You will receive an invoice weekly that will indicate the balance has been paid and your account will be charged weekly.*

*This option does not require a deposit*



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## KEEPSAKE COMPANIONS

7128 Miramar rd. Suite 14 B • San Diego, CA 92121 • Tel: (800) 505-1730

### CREDIT CARD/CHECKING ACCOUNT BILLING AUTHORIZATION FORM

*If you would enjoy the convenience of automatic billing to your credit card or checking account, simply fill out the information below. Upon approval, we will automatically bill your credit card or checking account for the amounts due and your total charges will appear on your credit card/bank statement. You may cancel this automatic billing authorization any time by writing us at the above address.*

CLIENT NAME:	
ACCOUNT NUMBER:	

### CREDIT CARD/BILLING INFORMATION

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> CHECKING
NAME ON CARD				
BILLING ADDRESS				
CITY, STATE, ZIP				
DAY TIME PHONE NUMBER				
CREDIT CARD NUMBER				
3 Digit Code on Back of Card (CVA#)				
EXPIRATION DATE				

I authorize KC to:  Bill my credit card  Bill my checking account *Voided check provided*

Your Signature

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