



Life Care Planning  
Law Firms Association

## LCPLFA CREDIT CARD CHARGE AUTHORIZATION FORM

DATE:	
NAME:	
LAW FIRM:	
PHONE:	
EMAIL:	

This is authorization for the **Life Care Planning Law Firms Association (LCPLFA)** to charge the following credit card for charges indicated/approved below:

Credit Card Number MC or VS \_\_\_\_\_

Expiration \_\_\_\_\_ 3-Digit Sec Code: \_\_\_\_\_

**TYPE OF CARD – Circle One**    Visa    MasterCard

- Annual Membership Dues - \$890.00 + \$25 credit card processing fee                      Amt: \_\_\_\_\_
- Online Fundamentals Video Series - \$599 + \$20 credit card processing fee                      Amt: \_\_\_\_\_
- Fundamentals In Person Course - \$899 + \$27 credit card processing fee                      Amt: \_\_\_\_\_

Total: \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

*Please print name as it appears on the card*

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_