



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 _____