



## CREDIT CARD PAYMENT FORM (Please Print Clearly)

Participant Name: \_\_\_\_\_ H.A.V.E.N. ID # \_\_\_\_\_

**Please check ONE item: A separate form must be completed for each category of payment.**

- Initial Fee to Determine Eligibility
- Monthly Monitoring Fee (one time payment)
- Monthly Monitoring Fee (Recurring Payments until end of contract)
- OTHER: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_  Visa  MasterCard  Discover  AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: (Month) \_\_\_\_ \_\_\_\_ (Year) \_\_\_\_ \_\_\_\_ Sec: \_\_\_\_

**Credit Card Billing Address:** Please provide exact name as shown on card

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Amount Paid: \$** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_