



4601 Malsbary Road
Blue Ash, OH 45242
(513) 721-1025
(800) 252-0155
www.help4seniors.org

Credit Card Authorization Form

Thank you for setting up automatic recurring payments for your ESP cost sharing payment. Please provide all the information requested below. Once we have processed your payment information, you will receive a confirmation from Council on Aging's Accounting Department. For your records, you will continue to receive an invoice each month, as well as an email confirmation (if you provide your email address below) after your payment has been processed. Recurring payments will be charged to your credit card on the 5th of each month.

If you disenroll from ESP, need to cancel your recurring payments, or update your payment information, you must contact Council on Aging's Accounting Department at (513) 827-3432 or espbilling@help4seniors.org. The department can be reached 9 a.m. – 3 p.m., Monday through Friday.

Credit Card Information

Cardholder Name
(as shown on card):

Card Number:

Expiration Date (mm/yy):

CVV (3-digit security code):

Zip Code:

Client Name:

Client ID:

Email Address:

I, _____, authorize Council on Aging to charge my credit card above for \$_____ on the 5th of every month for my ESP monthly cost sharing. I understand that my credit card information will be saved to my file for future transactions on my account.

Client Signature

Date

Council on Aging is designated by the state of Ohio to serve older adults and people with disabilities within a multi-county region. We are experts at helping people with complex medical and long-term care needs, offering a variety of services via publicly funded programs. **Our mission: Enhance lives by assisting people to remain independent through a range of quality services.**