



**Laguna Niguel Office**

27882 Forbes Road Suite #200

Laguna Niguel, CA 92677

Tel (949) 249-9200

Fax (949) 249-9203      **Bakersfield Office**

2225 19<sup>th</sup> Street

Bakersfield, CA 93301

Tel (661) 326-8066

Fax (661) 843-7706

## **Credit Card Authorization Form**

Please complete and

AFC ACCT #:

Email to: [wgarcia@acaciofertility.com](mailto:wgarcia@acaciofertility.com)

PATIENT  
NAME:

SERVICE:

I/We,

authorize Acacio Fertility Center, Inc. to charge  
my/our

card :      Please select one      ( ) MasterCard      ( ) Visa      ( ) American Express      ( ) Discover

Credit Card #

Expires

in the amount      \$      as payment for medical services (contracts for cycle plan signed under  
of

separate agreement).

# *REPROSAVE*

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My billing address is as follow:

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Security Code: \_\_\_\_\_ (3-4 digits)

Signed: \_\_\_\_\_

Date:                /                /  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Address for Receipt to be Sent: \_\_\_\_\_