



**Village of Hoffman Estates  
Department of Health & Human Services  
Lending Closet Payment Authorization**

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit/Debit Card Type:       Visa     MasterCard     Discover     AmEx

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

Expiration Date: \_\_\_\_ / \_\_\_\_ (Month/Year)      CVV/CVC: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ (Wheelchair/Scooter: \$20 non-refundable fee;  
cane/crutches/walker: \$10 non-refundable fee)

I, \_\_\_\_\_, hereby authorize the Village of Hoffman Estates Department of Health and Human Services to charge the amount listed above to the credit/debit card provided for lending closet equipment. I understand that a 2.38% processing fee is added to all credit/debit card payments. I certify that I am an authorized user of this credit/debit card.

Signature: \_\_\_\_\_

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

Email: \_\_\_\_\_