

**THE GLEN ELLYN VISION CENTER  
ELGIN VISION CENTER**

**Credit Card Pre-Authorization Form**

I authorize The Glen Ellyn Vision Center/Elgin Vision Center to keep my signature on file to charge the credit card selected below for balances remaining after claims are resolved for services and/or materials for one year from today's date.

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

**Please give your card to the front desk to be entered in to our encrypted system.**

**This agreement applies to the following additional family members:**

\_\_\_\_\_  
(Authorized family member)                      (Authorized family member)

\_\_\_\_\_  
(Authorized family member)                      (Authorized family member)

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