



Mahoney Plumbing & Heating

1580 Old Skokie Rd.  
Highland Park, IL 60035

(847) 432-0320

**Mahoney Plumbing & Heating Home Care Club Membership Plan  
Acceptance and Monthly Credit Card Payment Authorization Form**

Sign and complete this form to participate in the Home Care Club (HCC) plan and to authorize Mahoney Plumbing & Heating (MPH) to make monthly debits to your credit card. We are sorry that we cannot accept debit cards at this time.

I \_\_\_\_\_ authorize Mahoney Plumbing & Heating to charge my credit card for:

**First Month:** \$33.00 (\$25.00 set up fee, plus \$8.00 monthly fee)

**Each Additional Month:** \$8.00 per month on or after the 20th of each month.

By signing this form I give MPH permission to debit my account one time for the initial set up fee of \$25.00 and \$8.00 per month until I cancel my membership. This authorizes those transactions only and does not grant authorization to MPH to charge any additional items to my account without my prior authorization.

Account Type:	_____	_____	_____	_____	Check #:	_____
Cardholder Name:	_____				Check Amt:	_____
Account Number:	_____				Exp. Date:	_____
Credit Card Billing Address:	_____				Zip Code:	_____
3 digit security number on the back of the card:	_____				Technician:	_____

I have read and agree to the terms of the Home Care Club (HCC) Membership Plan and the warrantee specifications, disclaimers, and exclusions contained therein (a copy can be found at [www.MahoneyPlumbing.com/HCC.html](http://www.MahoneyPlumbing.com/HCC.html)). I understand and agree that MPH may change the terms of, or discontinue the program at any time after giving me 45 days written notice sent by regular mail or email to my address as listed below. I understand that there is a six month minimum term of membership and that monthly payments are non-refundable. I can cancel my membership at any time before the 15th of the month by emailing MPH at [info@MahoneyPlumbing.com](mailto:info@MahoneyPlumbing.com) or by dropping MPH a note in the mail to their office after I've met the six (6) month minimum required term. Monthly membership fees will be processed until such time that I cancel the program.

Name (Please Print): \_\_\_\_\_

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

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

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

E-mail Address: \_\_\_\_\_

(HCC Members are eligible to receive periodic specials via email)

[www.MahoneyPlumbing.com](http://www.MahoneyPlumbing.com)  
[Info@MahoneyPlumbing.com](mailto:Info@MahoneyPlumbing.com)