

# Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

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

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

Phone Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

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

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

Card Identification Number: \_\_\_\_\_ (usually last 3 digits located on the back of the credit card)

Amount to Charge will vary depending on patient's coinsurance or copay agreement with their insurance.

\_\_\_\_\_ ok to email statements

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

I authorize **Kathy Green** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

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

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

Print Name: \_\_\_\_\_