

Credit Card Payment Authorization Form

Please obtain the following pertinent information



*CARD NUMBER

*EXPIRATION DATE MO. YR

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*VCODE

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Verification Code (VCODE) - A 3-4 digit, non-embossed number found on card signature panel or near embossed number on front.

*Name on credit card

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Your name as it appears on the card and the name of your organization (if applicable)

*Billing address

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*Zip code

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Telephone No. _____

*Amount: _____

* Signature: _____

Profession: _____
LSWA, LCSW, LSW

What is the payment for? _____
E.g.: Application, renewal, training, etc.

*** PLEASE NOTE - WE WILL NOT PROCESS YOUR REQUEST IF THE REQUIRED FIELDS ARE BLANK**

If payment is for an application or renewal, please provide the following additional information:

Name(s) and license #(s)(if applicable) to apply payment to:

- _____
- _____
- _____
- _____
- _____