

Allegheny Reproductive Health Center, Inc.

Authorization for Credit/Debit Card Use

To Be Completed By Card Holder

I, _____ give _____ my permission

to use my credit/debit card for services at Allegheny Reproductive Health Center, Inc.

Card Type _____ (Visa, Mastercard, Discover)

Card # _____

Name as it appears on card _____

The CCV (3 or 4 digit # on back of card) _____

My billing zip code _____

Maximum amount to be charged \$ _____

Printed name _____ Date _____

Signature _____

Telephone number where I can be reached _____

***A legible copy of the card holder's credit/debit card (front and back) and State issued ID or passport must accompany this form.**