



BWF Credit Card Authorization Form

For Child's Name: _____

PRIMARY CARD Please Circle: **MasterCard** **Visa** **Discover** **American Express**

Credit Card Number: _____ Expiration Date: ___/___/_____

Name as it appears on the Card: _____ CVC Number: _____

Billing Address: _____ City: _____ ST: _____ Zip: _____

Is this a card issued by your benefit plan to use as part of an HSA or FSA for health services? Yes___ No___

If you need to use two cards for any reason, please indicate the additional card information here with notes of explanation

Instructions/Notes for 2nd card use: _____

Secondary Card Please Circle: **MasterCard** **Visa** **Discover** **American Express**

Credit Card Number: _____ Expiration Date: ___/___/_____

Name as it appears on the Card: _____ CVC Number: _____

Billing Address: _____ City: _____ ST: _____ Zip: _____

Is this a card issued by your benefit plan to use as part of an HSA or FSA for health services? Yes___ No___

I agree to be financially responsible for total payment of treatment performed by the Brent Woodall Foundation for Exceptional Children for the child named above. I certify that I have read the Client Handbook and Financial and Insurance Policy and understand and agree to follow the policies and be personally and fully responsible for payment.

PRIMARY CARD

2nd CARD (only if needed)

Printed Name of Cardholder

Printed Name of Cardholder

Signature of Cardholder

Signature of Cardholder

Date

Date