



## CREDIT CARD AUTHORIZATION FORM

Gannett patients must pay for services at the time they are rendered by check, cash, money order, bursar, or credit card. This form is provided for the convenience of our patients who want to authorize the use of a credit card to pay for charges. Please complete this form in full and return to: **Gannett Cashier Office, Ho Plaza, Ithaca, NY 14853-3101.**

If you have any questions about this form or about health care expenses at Gannett, please contact the Billing Office: 607 255-7492.

### CARD INFORMATION

Card Type (MasterCard, Visa, Discover <i>ONLY</i> )	
Card #	Expiration Date
Cardholder Signature	

### CARDHOLDER INFORMATION

Cardholder Name	Cardholder Social Security #	
Cardholder Address		
Cardholder City	State	Zip

### PATIENT INFORMATION

Patient Name	Program Name	
Patient Date of Birth	Student ID	Patient Social Security #
Patient Signature		

Internal Use Only .....

Phone Verification	Date
Account #	Amount to be paid