

CREDIT CARD AUTHORIZATION FORM

US Army Public Health Center
Veterinary Services and Public Health Sanitation Directorate
ATTN: Global Veterinary Medical Practice
8252 Blackhawk Road, Building E5158
Aberdeen Proving Ground, MD 21010-5403
Phone: (410) 417-XXXX (DSN: 417-XXXX)

I _____ authorize _____ veterinary treatment facility (VTF) to charge my credit card the amount of \$ _____. This payment is for goods and services performed at the VTF or by Telemedicine on _____.

Owner Information

Name of Owner: _____

Email Address: _____

Phone: _____

Pet's Name: _____ Amount Due \$: _____

Sponsor's Name: _____ Last 4 on Credit Card: _____

Cardholder Signature: _____

- I authorize the above veterinary treatment facility (VTF) to charge my credit card for the amount stated above for good/services received at the VTF or by Telemedicine.
- I certify that I am an authorized user of this credit card and that I will not dispute the charges with my credit card company so long as the transaction corresponds with the services received.
- If my credit card is declined for any reason, I understand I am liable for the above amount and any additional charges that incur during the collection process.
- Per AR 40-905, a mandatory DOD service charge ("user fee") of \$2.00 is applied to each transaction. These funds are deposited in the U.S. Treasury IAW section 3302 of Title 31.
- The above form will be kept on file at the facility as proof of payment.

CREDIT CARD INFORMATION

Name on Credit Card: _____

Billing Address: _____

City _____ State _____ Zip _____

Credit Card Type: Visa MasterCard Discover

*** Your credit card number, expiration date, and CVV code will be requested from you verbally at the beginning of your appointment. Do NOT provide that information on this form.