



## Credit Card Recurring Payment Authorization

I, \_\_\_\_\_ (please print) authorize Express Credentialing to charge my credit card for the total amount of \$\_\_\_\_\_ for credentialing services.

X \_\_\_\_\_  
Authorized Signature

Please provide the following information:

Card Type:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City / State: \_\_\_\_\_

Billing ZIP: \_\_\_\_\_

Exp. Date: \_\_\_\_\_  
MM/YY

Security Code: \_\_\_\_\_ (Visa/MC/Discover – 3 numbers on back of card Amex – 4 numbers on front of card)

