



Credit Card Recurring Payment Authorization

I, _____ (please print) authorize Express Credentialing to charge my credit card on a recurring basis for the amount and terms as outlined in our signed credentialing agreement.

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)

