

Authorization for:

Check all that apply

- One time use for date _____
- Spring Semester 20 _____
- Summer Sessions 20 _____
- Fall Semester 20 _____
- Through expiration date of card _____
- Other _____

Student Health Center

**601 University Drive
 San Marcos, Texas 78666-4684
 Phone: 512-245-2026**

QuickPay

Authorization For Credit Card Use

Student/Patient Name: _____,

Texas State Student ID: _____

Name of Cardholder: _____,

Address of Cardholder: _____

Phone Number of Cardholder: (Home) _____

(Work) _____ (Cellular) _____

Credit Card Company

Mastercard Visa American Express Discover

(Circle One)

Is this a health FSA or HRA credit card (flex cards): YES or NO

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

Cardholder's Signature: _____

Today's Date: _____

****Due to Privacy Policy, receipts may only be given to patient.**

Student Health Center Use Only

Received On _____

Received By _____

Entered By _____



**Quality care by
people who care.**