

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 _____
- Charge Limit (if any) \$ _____
-

Student Health Center Use Only

Received On _____

Received By _____

Entered By _____



Quality care by people who care.

Student Health Center

**601 University Drive
San Marcos, Texas 78666-4616
Phone: 512-245-2026 Fax: 512-245-3918**

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)

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

Cardholder's Signature: _____

Today's Date: _____

**Credit Card information may be stored in an electronic payment management system.

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