



## Payment Authorization Form

Check one:

- Visa  
 MasterCard

Amount: \_\_\_\_\_ USD

Description of items and/or services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CVV Code: \_\_\_\_\_  
(This is the number located on the back of the credit card, located in the signature section. There is a seven digit number—the first four digits are the last four digits of the credit card number, the last three digits is the CVV code.)

Credit Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_  
\_\_\_\_\_

Cardholder's phone # \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

Mail to: HBA of Tuscaloosa  
2009 Paul W. Bryant Drive  
Tuscaloosa, AL 35404

OR

Fax to: 205-345-6964