



CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

Submit the completed form to the Board. Payments are processed in order of date received.

CREDIT CARD INFORMATION:

Card Type: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Card Number: _____			
Expiration Date: (MM/YY) _____		Verification Code: _____	
Purpose of Payment: _____ <small>(Application, NPDB, KBI, Verification of License Fee, etc.) To view license Fee List, click here.</small>			Amount: _____
Name of Cardholder: _____			
Mailing Address	Street Address: _____		
	City: _____	State: _____	Zip: _____
	Phone: _____	Email: _____	

APPLICANT/LICENSEE INFORMATION:

Name of Applicant/Licensee: _____	License Number: _____
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By signing below, I certify and give permission to the Kansas State Board of Healing Arts to charge the above-mentioned amount. I understand that failure to submit the required information will delay processing of the payment.

Cardholder Signature

Date

Please note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.