



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:			
			
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:
------------------------------------	------------------------

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.