




## CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

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

### CREDIT CARD INFORMATION

<b>Card Type:</b>			
			
<b>Card Number:</b>			
<b>Expiration Date:</b> (MM/YY)		<b>Verification Code:</b>	<b>Amount:</b>
<b>Purpose of Payment:</b> <i>(Application, NPDB, KBI, Verification of License Fee, etc.) To view license Fee List, click here.</i>			
Name of Cardholder:			
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.