



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:	Amount:	
Purpose of Payment: <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.