

**CREDIT CARD AUTHORIZATION LETTER**

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\_\_\_\_\_  
(Date)

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
(Cardholder's Name) (Patient's Name)

to use my \_\_\_\_\_ on \_\_\_\_\_ at Planned Parenthood League  
(Credit Card Type) (Date of Service)

of Massachusetts in the amount up to \_\_\_\_\_.  
(Payment Amount)

\_\_\_\_\_ is a number you can reach me at to confirm that I have given  
(Telephone Number)

permission to use my credit card for the amount specified.

\_\_\_\_\_  
*Print name as it appears on credit card*

\_\_\_\_\_  
*Signature as it appears on credit card*

\_\_\_\_\_  
*Print name as it appears on credit card*

\_\_\_\_\_  
*Signature as it appears on credit card*

\_\_\_\_\_  
*Credit card number*

\_\_\_\_\_  
*Billing Zip Code*

\_\_\_\_\_  
*Expiration Date*

\_\_\_\_\_  
*CVV Code*