

Credit Card Authorization Form

I, _____, authorize charges submitted by WorldPath Medicine for services starting ____/____ 2009.

I understand that WorldPath may receive ancillary facility charges after the original deposit. WorldPath may utilize this authorization up to six months from the last date of service.

Mastercard VISA American Express

My credit card number is: _____

Expiration date: _____ 3/4-digit code _____

Name on credit card: _____

Cardholder signature: _____

Please complete the above and fax to 617-450-0051