



BAPTIST HEALTH SYSTEM
**SCHOOL OF
 HEALTH PROFESSIONS**
When Caring is Your Calling

**STUDENT SERVICES DEPARTMENT
 CREDIT CARD AUTHORIZATION**

Please process the charge for the following credit card authorization.

Applicant/Student Name: _____

PRINT Cardholder's Name as appearing on credit card: _____

Cardholder Address: _____

Check one: VISA Mastercard Discover American Express **Expiration Date:** _____

Credit Card Number: _____ **Security Code:** _____

Authorized signature: _____
(either cardholder signature or employee's initials for mailed in applications)

Credit the following account:

\$ _____	78-72, Tuition & Fees, 78-1000-13079
\$ _____	78-74 \$2.00 Uniform Patches, 78-4840-42079
\$ _____	78-74 \$5.00 Per Transcript Fee 78-4090-42079
\$ _____	78-15 SHP Other, 78-4090-42079

Receipt number _____	Process completed by: _____
<p>Please return this form to the Student Services Department via fax 297-0913 or mail to: Baptist Health System School of Health Professions 8400 Datapoint Drive San Antonio, TX 78229</p>	

=====CONFIDENTIALITY NOTE=====

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