

**KANSAS PHYSICAL THERAPY ASSOCIATION
214 SW 6TH ST., SUITE 205
TOPEKA, KS 66603
785-233-5400 (PHONE)
785-290-0476 (FAX)**

CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

NAME _____

LICENSE # _____

CARD HOLDER NAME _____

CREDIT CARD TYPE: ___ VISA ___ MASTERCARD ___ DISCOVER

CREDIT CARD ACCOUNT # _____

EXPIRATION DATE (MO/YR) _____ Personal ID # (on back of card) _____

PAYMENT AMOUNT \$ _____

PURPOSE OF PAYMENT _____

(tracking, tracking late fee, CEU late fee, previous tracking cycle report, labels, registration, ads, subscriptions, home study, etc.)

I acknowledge the above payment amount is due the Kansas Physical Therapy Association. I authorize said Association to present the payment amount to the issuer of the above identified card for payment. The issuer is authorized to pay the payment amount.

SIGNATURE _____ DATE _____

