

Allegheny Reproductive Health Center

Authorization for Credit/Debit Card

Please complete the following and fax to (412) 363-6901 or email to
arhc@alleghenyreproductive.com.

This form MUST be accompanied with a copy of cardholder's photo ID.

I, _____, give permission for
_____ to use my credit/debit card for up to \$_____ at
Allegheny Reproductive Health Center.

Signature of Card Holder

Name on credit/debit card _____

Type of credit card _____

Creditcard# _____

Exp _____ Security Code _____