Credit Card Payment Authorization Form

Please circle one: Master Card Visa

Cardholder Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Email Address (for receipt) _____

Credit Card Number: _____

Expiration Date: _____

CVV2/CID Code # (Three digit number on back of card): _____

Payment Amount: _____

Payment For (exam, application, etc): _____

_____ _____

Signature Date

Credit Card Payments may be mailed, faxed, emailed, or phoned in to the Board office.

Ohio Chemical Dependency Professionals Board
37 West Broad Street, Suite 785 Columbus, Ohio 43215
614/387-1110 (phone) 614/387-1109 (fax) www.ocdp.ohio.gov
Email: credentialing@ocdp.state.oh.us

For office use only: Approval Code #: _____