

Do not add application information to this form.  
It will be shredded.



### Credit Card Payment Authorization Form

California EMS Authority  
Paramedic Licensure Program  
10901 Gold Center Drive, STE 400  
Rancho Cordova, CA 95670-6073

Name: \_\_\_\_\_

(As it appears on card)

Credit Card Number:

Expiration Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Card Type	
<input type="checkbox"/>	Visa
<input type="checkbox"/>	Mastercard
<input type="checkbox"/>	Debit

I authorize EMSA to process a payment for the following Paramedic Licenses;

Name of Medic: \_\_\_\_\_ P #: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_