



Please send authorization form to:
kandress@missoulaparamedics.com or
Missoula Emergency Services
1200 Burlington Ave.
Missoula, MT 59801

Credit Card Authorization Form

One Time Payment:

Sign and complete this form to authorize Missoula Emergency Services to make a one-time debit to your credit card listed below. By signing this for you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ (full name) authorize Missoula Emergency Services to charge my
Credit card for the amount of \$ _____ (USD) on / or after _____ (date).

Signature _____

OR

Reoccurring Payment:

Sign this form to authorize Missoula Emergency Services to make multiple charges on my credit card listed below. This is usually done to provide the payment for the payment in full of courses. You can arrange to make another payment with the office prior to due date.

I _____ (full name) authorize Missoula Emergency Services to charge my
Credit card for the amount of \$ _____ (USD) on / or after _____ (date).

Signature _____

Please complete the information below:

Card Holder Name: _____

Card Number: _____ Expiration _____ / _____ / _____

CVV2 _____ (3 digit number on back)

Billing Address: _____

City, State, Zip: _____