



SOUTHERN ASSOCIATION OF WORKERS' COMPENSATION ADMINISTRATORS

2020 Credit Card Authorization

To facilitate payments using credit cards, please complete the form and fax, mail, or scan/email to:

SAWCA
P.O. Box 910373
Lexington, KY 40591
Fax: 859-219-0170
Email: gary.davis@sawca.org

Type of Credit Card: (Circle One) VISA MasterCard Discover American Express

Payment Amount in US Dollars: \$ _____

Card Number: _____

Expiration Date: (MM/YYYY) _____ **CVV Code:** _____

Reason For Payment: _____

Cardholder's First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ **Zip:** _____

Phone Number (_____) _____ Fax Number (_____) _____

Email Address: _____

Authorized Signature: _____ Date: _____

This form will be shredded immediately after its use as part of SAWCA's commitment to security & privacy.

If you wish to provide this information over the phone...please call at your convenience...859-219-0194.

For questions regarding this form contact Gary Davis at (859) 219-0194 / gary.davis@sawca.org

Please submit a separate form for each payment.

EXECUTIVE COMMITTEE MEMBER JURISDICTIONS

**ALABAMA / ARKANSAS / COLORADO / DELAWARE / DISTRICT OF COLUMBIA / FLORIDA / GEORGIA / KENTUCKY
LOUISIANA / MARYLAND / MISSISSIPPI / NEW MEXICO / NORTH CAROLINA / OKLAHOMA
SOUTH CAROLINA / TENNESSEE / TEXAS / VIRGINIA / VIRGIN ISLANDS / WEST VIRGINIA / WISCONSIN**

SAWCA ADMINISTRATIVE SERVICES

P.O. Box 910373, Lexington, KY 40591, PH: (859) 219-0194, FAX: (859) 219-0170

Website: <https://www.sawca.org>