** *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***](https://www.sawca.org)