COLORADO

PacifiCare®

Credit Card Payment Authorization

First month's premium only

Applicant's Information

Applicant's First Name	Applicant's Middle Name	Applicant's Last Name

Cardholder's Information

Cardholder's First Name (as it appears on card)	Cardholder's Middle Initial	Cardholder's Last Name	Cardholder's Phone #	
Cardholder's Billing Address		City	State	ZIP

Card Information

Card Type ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Account Number (note: American Express = 15 digits)

Exp. Date (mm/yyyy)

Verification Code:

For **Visa, Master Card, or Discover**, the verification code can be found on the back of your credit card. This 3-digit code is usually the last three digits located in the signature panel.

For **American Express**, you may find your 4-digit card verification number on the front of your credit card above your credit card number on either the right or the left side of your credit card.

Determine your verification code and enter it here: _____

Amount to Be Charged to Credit Card $ _____

Authorization

As a convenience, I request and authorize PacifiCare to charge my credit card account identified above for the payment of my initial health plan premium. I agree that PacifiCare shall be fully protected in honoring this one-time credit card transaction. I further agree that should this card payment be dishonored, whether with or without cause and whether intentionally or inadvertently, PacifiCare shall be under no liability whatsoever, including any fees imposed by the card issuer, should my card be rejected even though such dishonor may result in forfeiture of coverage.

Signature of Credit Card Account Holder (as it appears on the credit card)	Date

For PacifiCare Office Use Only

Authorization Date	Transaction #	ID #

Return this form to:
PacifiCare Individual Plans
Individual Underwriting
M/S # CY38-224
P.O. Box 3069
Cypress, CA 90630-9962

CM-304-62118
PCO4024