

### Authorization for Credit Card Use

PRINT AND RETURN COMPLETED AUTHORIZATION FORM

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I, \_\_\_\_\_ (Print Name) authorize Johns Hopkins Spiritual Care and Chaplaincy (4000050325/4800910303) to charge the amount listed above to the credit card provided. I further agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

**CARDHOLDER -- PLEASE SIGN AND DATE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Return the signed, completed form to:

**Linda M. Johnson-Harvey**  
**Academic Administrative Coordinator**  
Spiritual Care and Chaplaincy  
The Johns Hopkins Hospital  
600 N. Wolfe Street – Hurd 101  
Baltimore, Maryland 21287  
[Ljohn151@jhmi.edu](mailto:Ljohn151@jhmi.edu)