



CHARGE AUTHORIZATION

I _____ AUTHORIZATION THE
UNIVERSITY of TEXAS M.D. ANDERSON CANCER CENTER, TRESURY
SERVICES DEPARTMENT, TO CHARGE MY **VISA / MASTERCARD/ AMEX** IN
THE AMOUNT OF \$ _____.

FOR: _____

CARD# _____

EXP. DATE: _____

AUTHORIZE CARD HOLD:

SIGNATURE

AUTHORIZE CARD HOLD:

PRINT

TODAYS DATE: _____

CARD HOLDER'S CONTACT **PHONE:** _____

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FOR M.D. ANDERSON USE ONLY:
CO/CTR/ACCOUNT:

RECEIVED IN TREASURY SERVICES:

BY: _____

Characterized Cell Line Core (CCLC): 713-792-5743

Please Contact **Keri Sherman** with any questions. You can email this form to:
CCSGCCLC@mdanderson.org