

Governor

## STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION BOARD OF ALCOHOL & DRUG COUNSELORS 76 NORTHERN AVENUE GARDINER, MAINE 04345

Anne L. Head Commissioner

## **AUTHORIZATION OF CREDIT CARD PAYMENT**



Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, you must complete this form entirely and send it with your application.

## Incomplete forms will not be processed.

Applicant/Licensee Information	
Name:	License Number:
Mailing Address:	
Credit Card Information	
Cardholder Name (if different than above):	
Credit Card Billing Address (if different than above):	
Credit Card Type:   American Express	□ Discover □ Mastercard □ Visa
Fee amount: \$	☐ I understand that fees are non-refundable.
□ I authorize the Department of Professional & Financial Regulation Office of Professional & Occupational Regulation to charge my credit card the fee amount listed above.	
Credit Card Number:	Expiration Date:
Signature:	Date: