



City of Houston Emergency Medical Services

PO Box 4945 Houston, Texas 77210-4945

713-917-3170 (Phone)
1-800-929-6209 (Toll Free)
1-888-fax-ems9 (Toll Fee Fax)

Credit Card Charge Authorization and Payment Plan Form

Use this form to authorize paying your ambulance transport bill with your credit card or to sign up for an automatic payment plan arrangement by having your credit card billed in monthly installments. Please complete each field and then mail this form to the above address or fax to 713-651-7814. You may also call in your payment by calling 713-651-0366 and giving a verbal authorization to charge your credit card. If you need more than 12 months to pay, you will need to complete a financial hardship payment form available on our web site.

Account Number From Bill

Patient Social Security Number

Patient First Name

Patient Middle Name

Patient Last Name

Patient Address

City

State

Zip

(____) _____
Home Phone

(____) _____
Work Phone

Email Address

I authorize the City of Houston to charge my credit card (circle the appropriate card type below) as indicated below. I understand that if I do not select a payment choice, the full amount of my bill will be charged to my credit card.

VISA

MasterCard

American Express

Discover Card (Circle One)

Name as it appears on your credit card: _____

Credit Card Number: _____ Expiration Date: _____

Card Member Signature Authorization: _____ Today's Date: _____

- Check this box to charge the full amount of the bill to your credit card.
- Check this box to elect 12 easy installment payments billed to your credit card monthly.
- Check this box to elect 6 easy installment payments billed to your credit card monthly.
- Check this box to elect 3 easy installment payments billed to your credit card monthly.

The City of Houston will keep your credit card information private as required by all applicable laws.