PHONAK
hearing systems

RACHAP* Hearing Aid Client Credit Card Authorization Form for New & Repair Charges

Date: _____ Account Number: _____

Account Address: _____

_____

Veteran's Name: _____

CURRENTLY, WE ARE UNABLE TO ACCEPT DEBIT CARDS

I have Authorized Phonak, LLC to charge my

☐ VISA ☐ Master Card ☐ American Express ☐ Discover Card

Amount of order not to exceed: $ _____

CARDHOLDER'S Name: _____

CARDHOLDER'S Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Credit Card Number: _____ **Card Verification Number: _____

Signature: _____ Expiration Date: _____

*Retiree's At Cost Hearing Aid Program
** 3-4 digit Security code

White - Original to Phonak Yellow - Clinic Copy Pink - Patient Copy

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