



# SOUTHERN ASSOCIATION OF WORKERS' COMPENSATION ADMINISTRATORS

## 2025 Credit Card Authorization

To facilitate payments using credit cards, please complete the form and fax, mail, or scan/email to:

SAWCA  
P.O. Box 910373  
Lexington, KY 40591  
Fax: 859-219-0170  
Email: [gary.davis@sawca.org](mailto:gary.davis@sawca.org)

Type of Credit Card: (Circle One) ..... VISA MasterCard Discover American Express

Payment Amount in US Dollars: \$ \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date: (MM/YYYY)** \_\_\_\_\_ **CVV Code:** \_\_\_\_\_

Reason For Payment: \_\_\_\_\_

Cardholder's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ **Zip:** \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form will be shredded immediately after its use as part of SAWCA's commitment to security & privacy.*

*If you wish to provide this information over the phone...please call at your convenience...859-219-0194.*

*For questions regarding this form contact Gary Davis at (859) 219-0194 / [gary.davis@sawca.org](mailto:gary.davis@sawca.org)*

**Please submit a separate form for each payment.**

### **EXECUTIVE COMMITTEE MEMBER JURISDICTIONS**

**ALABAMA / ARKANSAS / COLORADO / DELAWARE / DISTRICT OF COLUMBIA / FLORIDA / GEORGIA / KENTUCKY  
LOUISIANA / MARYLAND / MISSISSIPPI / NEW MEXICO / OKLAHOMA / PENNSYLVANIA / SOUTH CAROLINA  
TENNESSEE / TEXAS / VIRGINIA / US VIRGIN ISLANDS / WEST VIRGINIA / WISCONSIN**

### **SAWCA ADMINISTRATIVE SERVICES**

**P.O. Box 910373, Lexington, KY 40591, PH: (859) 219-0194, FAX: (859) 219-0170, CELL: (859) 608-2383**

**Website: <https://www.sawca.org>**