



700 Bishop Street, Suite 300
Honolulu, HI 96813.4100
T 808.532-2156
F 866-572-4383
hhawa.com

Hawai'i Health @ Work Alliance Credit Card Authorization Form

Company Name: _____

Amount to be charged: \$ _____

Master Card VISA Discover JCB

Name as it appears on Credit Card: _____

Credit Card Number: _____ 3 Digit CVV Code: _____

Expiration Date: _____ / _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Email Address (for receipt to be sent to): _____

As the credit card holder, I authorize Hawaii Health at Work Alliance, LLC to charge my credit card as indicated above.

Signature: _____

Date: _____ / _____ / _____

Please send completed form to Hawai'i Health at Work (HH@WA)

By mail:
HH@WA
c/o UHA-Worksite Wellness Department
700 Bishop St., Suite 300
Honolulu, HI 96813

By direct fax: (toll free)
1-866-572-4383

If you have any questions, please contact HH@WA at 532-4000, extension 330 from Oahu or toll free 1-800-458-4600, extension 330, from the neighbor islands.