



Credit Card Payment Enrollment Form

OhioHealth offers the option of receiving payments via credit card through J.P. Morgan Order-to-Pay. Payments are generated by JP Morgan and an email is sent to the vendor with the last 9-digit card information and remit detail. Enrolling in credit card payments may reduce net terms. Upon completion of the form, further instructions will be provided.

Vendor Name: _____

Effective Date: _____ Date of Request: _____

Vendor Number: _____ Tax ID Number: _____

ADD

CHANGE TO EMAIL

Vendor Contact Information

Contact

Name of Contact: _____

Phone Number: _____

Email: _____

Back Up

Name of Contact: _____

Phone Number: _____

Email: _____

CANCELLATION

NOTE: Removing credit card payments may default to OhioHealth standard terms of Net 55

Authorization:

I certify that the above information is true and correct, and that as a representative for the above named company, I hereby authorize OhioHealth to electronically submit credit card payments. This authority remains in force until OhioHealth receives a signed form requesting a change or cancellation.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Completed by OhioHealth	
Pay Code: _____	AP Signature: _____
	SCIS Signature: _____
	DIG Signature: _____