



TEAMSTERS CARE PHARMACIES

552 Main St., Charlestown, MA 02129 – Local Phone: 617-241-9024 – Toll Free: 800-235-0760 – Fax: 617-241-5025  
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CREDIT / DEBIT CARD AUTHORIZATION  
FOR PHARMACY MAIL-IN COPAYMENTS



LOCAL \_\_\_\_\_

SS # \_\_\_\_\_

NAME ON CARD [grid]

CARD BILLING ADDRESS [grid]

CITY [grid]

STATE [grid] ZIP CODE [grid] TELEPHONE [grid]

CARD NUMBER [grid] EXPIRATION DATE MONTH [grid] YEAR [grid]

- TYPE OF CARD:  MASTERCARD  VISA  AMERICAN EXPRESS  DISCOVER/NOVUS  DINERS CLUB INTERNATIONAL  JCB

I AUTHORIZE TEAMSTERS UNION 25 HEALTH SERVICES & INSURANCE PLAN TO CHARGE PHARMACY COPAYMENTS TO THIS CARD FOR THE PERSONS LISTED BELOW.

[Six rows of empty grids for listing names]

CARD HOLDER SIGNATURE

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE