



One Time Externship Payment Authorization

Please complete and sign this form to authorize HACHAKLAIT to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account

Name of Extern			
Last Name		First Name	ID #

Billing Address			
Street			
City	country	Zip	
Phone			
Email			

Name of Card Holder (if different from extern)			
Last Name		First Name	ID #

Card Information (only visa & MC) please indicate by X:			
Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Exp. date
Card no.			CVV2-3 digits on back of card

Payment for the purpose of Externship			
Total # days		Fee per day	Total pay

Final number of days will be filled in at the conclusion of your externship according to actual days in the field.

Payment in cash	
Please check this box if you prefer to pay in cash. In this case your credit card will not be charged. Any and all charges will be made only upon conclusion of externship	<input type="checkbox"/>

Total amount for charge in USD	
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Name & Signature
