



Approved Credit Card Processing Program for Florida Psychological Association Members

<p style="text-align: center;"><u>DETAILS</u></p> 	<ul style="list-style-type: none"> • Visa, MasterCard, Discover, American Express • Use the Availity CareCollect program, your existing equipment, or upgrade your equipment at a reasonable fee • PIN Based Debit Available • Variety of Check Processing Services, Gift and Loyalty Card Programs Available • HIPAA and PCI Compliant • Detailed Payment Reports, Virtual Terminal, Website Access, ACH Services and Recurring Payment Processing Also Available
<p style="text-align: center;"><u>BENEFITS</u></p>     	<ul style="list-style-type: none">  Save Money – Payment processing costs have been pre-negotiated on your behalf, and EVERY FPA Member is offered a complimentary cost analysis.  Increase Cash Flow – Collect your money promptly by offering clients various methods of payment including: credit cards, debit cards, and checks. Use ACH (electronic checks) to debit from a checking or savings account. No more waiting for your money!  Save Time – Use our recurring payment product and pre-authorization forms to automatically process recurring charges eliminating the need to manually enter the transaction each time a balance is due. Saves valuable time for your staff.  Other Services – Check verification, guarantee, and conversion, as well as gift and loyalty card programs are available.
<p style="text-align: center;"><u>QUESTIONS?</u></p> 	<p style="text-align: center;">Contact a dedicated Florida Psychological Association - TransFirst Provider Consultant at (800) 577-8573 for additional information on this exciting NEW Member benefit!</p>

A service that offers MORE options for ALL of your processing needs!

To receive more information about Payment Processing Services:

Call the TransFirst Health Services - FPA Program Team

(800) 577-8573

OR

Complete the form below and return to Attn: FPA Program Team

Fax: (877) 850-8502

Email: FPA@TransFirst.com

- Please contact me via telephone to discuss the details on these exciting services.
- Please e-mail additional information to the address below.
- Please conduct a merchant statement analysis for me (I have attached my last month's merchant statement for your review. I am sending you _____ number of additional pages with this fax.)

Office Name: _____

Contact Name: _____

Telephone Number: _____

Email Address: _____

**Activate YOUR Payment Processing Services Today
And Take Advantage of this Exclusive Member Benefit!**

