To enjoy the convenience of automated billing, simply complete and sign this Automatic Billing Authorization form. All requested information is required.

Your statement will include monthly fees and incidental charges, which you will receive prior to any payments or deductions, for the following Members:

Patient(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT INFORMATION

CHECK ONE:

\_\_\_\_Bank Draft

 Name(s) on Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Credit/Debit Card

 Card Type: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover \_\_\_ Amex

 Cardholder Name (as shown on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization

I authorize [insesrt office name] to automatically bill the account listed above as follows:

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (monthly fee) plus any Incidental Charges

Frequency: Monthly

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: Upon cancellation.

Account Holder’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_