



WOULD YOU LIKE TO PAY YOUR BILL WITH THE  
CONVENIENCE OF A CREDIT CARD?

Credit Card Authorization

Today's Date: \_\_\_\_\_

Name (as it appears on the credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Credit Card (Visa and MasterCard currently offered)

Visa: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV Code: \_\_\_\_\_

MC: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_ Patient Covering \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

By signing, I authorize the use of my credit card.

Please choose below the payment plan preferred.

1) Authorize a one-time charge against my credit card in the amount of \$ \_\_\_\_\_

2) Authorize an automatic charge against my credit card once a month in the amount of \$ \_\_\_\_\_  
for the purpose of \_\_\_\_\_

Total amount due \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Notes: \_\_\_\_\_

I understand that monthly statements reflecting these charges and payments will be mailed to meet the conclusion of each billing period.