

AUTHORIZATION FORM FOR RECURRING PAYMENTS

I authorize Derby Orthodontics to keep on file and withdrawal regularly scheduled payments through my checking/savings account or through my debit/credit/flex card.

Choose Method of Payment:

ENTER BANK ACCOUNT INFO:

Checking Account Savings Account

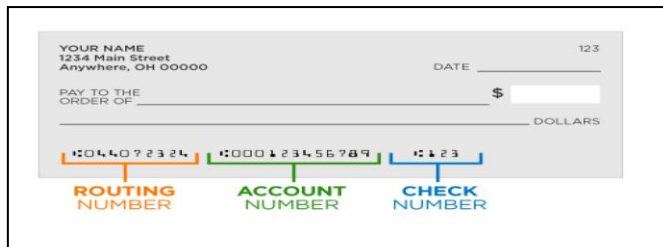
Name on Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Bank City/State: _____



CIRCLE ONE:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Cardholder Name: _____ Phone Number: _____

Cardholder Address: _____ City: _____ State: _____ Zip: _____

Card Number: _____ Expiration Date: ____/____/____ CVS#: _____ (on back of card)

Payments will be withdrawn in the amount of \$ _____ on the _____ of every month. Charges will begin _____ and end when full payment is received.

ONE TIME TRANSACTIONS – Authorized for one time only transactions for the following amounts on the following dates:

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

Check here for flex receipts to be mailed

My account will remain subject to its individual terms and conditions, which are not modified by this authorization. I understand that this authorization will remain in effect until the termination date stated above or until Derby Orthodontics has received written notification from me of its termination in such time and in such manner to afford Derby Orthodontics and the DEPOSITORY a reasonable opportunity to act on it. I acknowledge that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law. I will not dispute merchant debiting my checking/savings account or my debit/credit/flex card so long as the amount corresponds to the terms indicated in this agreement.

PATIENT NAME: _____
(Please print)

BANK/CARDHOLDER NAME: _____
(Please print)

BANK/CARDHOLDER SIGNATURE: _____

DATE: _____