



AUTHORIZATION FORM FOR RECURRING PAYMENTS

I authorize Trimmell & Anders 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

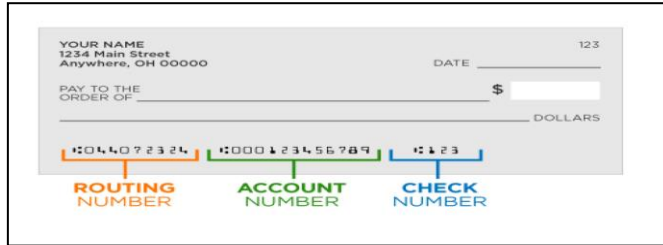
Name on Account: _____

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Payments will be withdrawn in the amount of \$ _____ on the _____ of every month.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 Trimmell & Anders Orthodontics has received written notification from me of its termination in such time and in such manner to afford Trimmell & Anders 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 I acknowledge that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date.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: _____