



## AUTHORIZATION FORM FOR RECURRING PAYMENTS

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

**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Payments will be withdrawn in the amount of \$ \_\_\_\_\_ on the \_\_\_\_\_ of every month.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 I acknowledge that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date.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 electronic transactions to my account must comply with the provisions of U.S law. I will not dispute merchant debiting my debit/credit/flex card so long as the amount corresponds to the terms indicated in this agreement.

**PATIENT NAME:** \_\_\_\_\_  
(Please print)

**CARDHOLDER NAME:** \_\_\_\_\_  
(Please print)

**CARDHOLDER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_