AUTOMATIC PAYMENT AUTHORIZATION FORM

Fredric R Warren DDS Inc

You can choose:
- ***Your payment date***
- ***By CREDIT CARD or BANK ACCOUNT***

1) NAME of PATIENT: _____

2) CHOOSE YOUR PAYMENT PROCESSING DATE: ***(if none indicated, payments will be processed on the 1st)***

☐ **1st** ☐ **5th** ☐ **10th** ☐ **15th** ☐ **20th** ☐ **25th**

3) EFFECTIVE DATE OF AUTHORIZATION: _____ / _____ / _____

For monthly payment of $ _____

☐ **New**
☐ **Change Banking Information**
☐ **Change Payment Amount**
☐ **Change Payment Date**

4) COMPLETE THE APPROPRIATE SECTION:

CHECKING/SAVINGS

ACCOUNT HOLDER's NAME:		
Address:		
City:	State:	Zip:
Please debit payments directly from my: ☐ Checking Account (Attach a Voided Check) ☐ Savings Account (Attach a Savings Deposit Slip)		
Routing # (between the symbols ⑈ : ⑈ :) -	**Account #**	

>> ATTACH VOIDED CHECK HERE <<

CREDIT CARD

Name on CREDIT CARD:			
Billing Address for Card:			
City:	State:	Zip:	
Please charge my payments to: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card			
Account #:	**Exp. Date:**	**Security Code:**	

5) PLEASE SIGN ***& return to us by mail, Fax 415-681-9565, or email Finance@WarrenOrtho.com:***

I authorize FREDRIC R WARREN DDS INC to process automatic payments from my account as indicated. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date. I understand there will be a $15 fee automatically charged to my account for any insufficient funds (NSF) or declined transactions.

► **Authorized Signature:** ► **Date:**

Please contact us immediately if your account information changes as past due account are subject to a $10/month late fee.

For Office Use:

Start Pymt:	*End Pymt:*	*Pymt Amt:*	*Patient ID:*
Last Pymt:	*Last Pymt:*	*Last Amt:*	*Entered:*