

Patient Name: _____ Patient # _____

AUTOMATIC CREDIT CHARGE

AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS

COMPANY: Robert Norris, DDS, PC Stone Oak Orthodontics

I hereby authorize Robert Norris, DDS, PC, (Stone Oak Orthodontics), hereinafter called company, to initiate automatic monthly charges to my VISA/MASTERCARD as payment for orthodontic treatment.

PLEASE PRINT:

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ BILLING ZIP CODE: _____

BILLING HOUSE NUMBER: _____

SIGNATURE: _____ DATE: _____

This authorization is to remain in effect until the listed COMPANY has received notification from me by either written or verbal communication of termination. I understand that the COMPANY has taken measures to insure the security and protection of the information provided.

*****A \$25.00 LATE FEE WILL BE CHARGED ON ALL PAYMENTS, WHICH ARE 10 DAYS PAST DUE, AND DECLINED CREDIT CARDS. _____.**

START DATE: _____ AMOUNT: \$ _____

END DATE: _____ AMOUNT: \$ _____