



Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa or Mastercard. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa or Mastercard. You will be charged the amount indicated below each billing period on the selected date.

Please complete the information below:

I _____ authorize Nahal Ashouri, DDS, MS to charge my
(full name of card holder)
credit card indicated below on the 1st or 15th of each month for payment of charges
relating to orthodontic care and treatment for _____.
(full name of patient)

Credit Card Information

Credit Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Cardholder Name	_____	
Account Number	_____	
Exp. Date (MM/YY)	_____	Security Code (3 digits): _____
Billing Address	_____	
City, State, Zip	_____	

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Nahal Ashouri, DDS, MS in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.