

Auto-Debit Recurring Billing Authorization Form (3 copies—Chart , Patient, Candace) *note Auto Debit can be initiated with Credit Card.
Continuing Charges are from Checking and Savings

Surgery Fees /Club Fees (circle) _____ (Circle) PCC/SPA BLACK

Signature _____ DL# _____

Witness _____

Patient Name _____ Username on Card (if other than pt need witness and dr. license #)

Package Name(OR Date)	Amount Financed	Amount PAID	Startup Fee	*Cancel Fee
_____	_____	_____	<u>100\$</u>	<u>100\$</u>

Email Address to send Statements _____ Start Date _____ Frequency (M/D/W) _____ Cycle Day _____

Bank Account Info(Attch Voided Check)

Credit Card Info

checking savings MC Visa Disc Amex Other/Debit _____

Bank Name _____ Name on Credit Card _____

Bank Routing # _____ Card Number _____

Account # _____ Exp Date. _____ ID Code _____

Patient Address _____ City _____ State _____ Zip _____

AUTHORIZATION (READ CAREFULLY)

Initial

a) I hereby authorize PCC/Spa Black to perform scheduled charges /debits from the indicated CC/Debit/Bank Acc _____

b) * I agree that this is a continuing periodic charge beginning on *Start Date* that will be made at the *Frequency* and for the *Debit* amount indicated. I understand that to TERMINATE this recurring billing process before the Total Amount Due, I must CANCEL this contract in writing , pay the *termination fee, and either pay in full the total due for surgery or package OR arrange for alternative method of payment acceptable by PCC/SPA Black _____

c) I agree to notify PCC/SPA Black in writing of any changes in my account info or termination of this auth 15 days prior to the next due date of the charges/debits preauthorized by this form. _____

d) I understand cancellations must be in WRITING and I will not dispute PCC/Spa Black's recurring billing with my cc/debit card issuer or bank so long as the amount corresponds to the terms indicated in the contract _____

e) I guarantee that I am the legal card holder/duly authorized check signer on the above account(s) and I am legally authorized to enter into this recurring billing agreement _____

f) Should I default on this agreement, I will be responsible for collection and/or attorney/court fees _____