



# Automatic Payment Billing Authorization Form

## Option One, Automatic Credit Card Payments:

The option to have a credit card on file, which we would bill according to the scheduled payment plan. This option would merely be a substitute for you sending in your required monthly payment according to the billing statements. You will continue to receive monthly billing statements until the account has been paid in full.

## Option Two, Periodic Credit Card Payment:

The option to have a credit card on file, which we would bill accordingly with your verbal authorization. This option would merely be a substitute for you sending in your required monthly payment according to the billing statements. You will continue to receive monthly billing statements until the account has been paid in full.

## Option Three, One Time Credit Card Payment:

One payment, using your credit card.

*If you are interested in either of these two options, please complete and return this form.*

I choose:

\_\_\_\_\_ **Option One** (i.e., Allowing Robert Sheffield DDS, Inc. to charge my credit card according to my payment schedule.)

\_\_\_\_\_ **Option Two** (i.e., Allowing Robert Sheffield DDS, Inc to charge my credit card at my discretion with verbal authorization.)

\_\_\_\_\_ **Option Three** (i.e., Allowing Robert Sheffield DDS, Inc to charge my credit card for one payment.)

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Date	Print Name	Signature
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Patient Name	Patient Account Number
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## Credit Card Information

I authorize you to charge my bill directly to the credit card(s) listed below:

### PRIMARY CARD ACCOUNT

Mastercard  Visa  American Express  Discover

### SECONDARY CARD ACCOUNT

Mastercard  Visa  American Express  Discover

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Name on credit card (exactly as printed)	Name on credit card (exactly as printed)
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Billing Address for credit card (Street, Apt #)	Billing Address for credit card (Street, Apt #)
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City, State & Zip	City, State & Zip
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Credit Card Number	Credit Card Number
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Expiration Date	VIN #	Expiration Date	VIN #
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Signature	Today's Date	Signature	Today's Date
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Bill all charges indicated to the above card(s). This authorization is valid until I provide you with written cancellation.