SKINNERDENTAL
HEALTHY SMILES TO LAST A LIFETIME

Credit Card Recurring Payment Authorization Form

Your commitment:

- **I authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated below each billing period.**
- **I will ensure that there is sufficient funds/credit available to debit or charge the agreed-upon amount on the date indicated.**
- **I agree that if the debit/credit charge does not go through, your office will contact me with in 2-3 business days to change my arrangements to another debit/credit card or to collect the full amount of my remaining balance**

Please complete the information below:

PATIENT OWES: $_____ RECURRING PAYMENT PLAN: _____

I _____ authorize Skinner Dental to charge my credit card
(full name)
Indicated below for $ _____ on the _____of each _____ for payment of my dental treatment.

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Account Type: ☐ **Visa** ☐ **MasterCard** ☐ **AMEX** ☐ **Discover**

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ **CVV:** _____

OPT OUT TO CARD ON FILE _____
CALL OFFICE ON SCHEDULED DAY _____
If payment day falls on a weekend payment will be due following work day.

SIGNATURE _____ **DATE** _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business 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. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

_____ **Financial Coordinator**