

Southeast Kansas Orthopedic Clinic

PO BOX 678

Parsons, KS 67357

(620) 421-0881

Credit Card Recurring Payment Authorization Form

Please complete this form to schedule your payments to be automatically charged to your credit card.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, or Discover card. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Southeast Kansas Orthopedic Clinic to charge my credit card
(Your full name)

indicated below for \$_____ on the _____ of each month for payment of my account balance.
(payment amount) (date)

Patient Name _____ Account #: _____

Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the Southeast Kansas Orthopedic Clinic to keep my signature securely on file and 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.