

Recurring Payment Authorization Form

Here's How Recurring Payments Work:

By signing below, you authorize regularly scheduled charges from your bank account or credit card. You will be charged the amount shown below during each billing period. If using your bank account, the charge will appear on your bank statement as an ACH debit. You agree that no prior notification will be provided unless the date or amount of the charge changes, in which case, you will receive notice from us 10 days prior to the payment being collected.

Please complete the information below.

I _____ authorize Nawada Plastic Surgery to charge my credit card or account as indicated below in the amount of \$_____ on the _____ of each month for payment of the balance due on my account.

Please Include a Copy of the Cardholder's Driver's License. Signatures must match.

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



The image shows a routing number '222222222' circled in purple and an account number '000 111 555* 102?' circled in orange.

Credit Card

Visa MasterCard

Amex

Cardholder Name _____

Account Number _____

Exp. Date _____

Fax To: (863) 294 - 3450

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Nawada Plastic Surgery 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Nawada Plastic Surgery may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. 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.