

**Authorization for Non-Cardholder Use of Credit Card -
Cardholder Not Present**

Please complete this Authorization Form so we may charge your checking account, Visa, MasterCard or American Express card.

By signing below, I authorize _____ (Person authorized to use your card) to make charges to my checking account or credit card in the amount of \$ _____ or in an amount not to exceed \$ _____. If using your checking account, the charge will appear on your bank statement as an ACH debit.

Please complete the information below.

I _____ (Cardholder name) authorize Nawada Plastic Surgery to charge my credit card as indicated below.

Please Include a Copy of the Cardholder's & Authorized User's Driver's License.

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Checking Account

Checking

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex

Cardholder Name _____

Account Number _____

Exp. Date _____

Fax To: (863) 294 - 3450

CARDHOLDER'S 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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.