



AUTO DRAFT PAYMENT AUTHORIZATION

Option 1: AUTOMATIC CREDIT CARD CHARGE

I authorize Novick Orthodontics to charge \$_____ to the following card on or about the ____ of each month for orthodontic services rendered in accordance with my contract with Dr. Novick. I hereby acknowledge that the amount withdrawn in any given month may vary should other charges be incurred but in no event will the amount to be withdrawn exceed the current amount due.

Once the automatic charge is activated, this transaction will occur on or about the ____ day of each month until my account is paid in full, or I give verbal or written authorization to discontinue draft. I understand that if the payment authorization is declined for any reason, I will promptly remit the total monthly payment due.

Name on Account: _____

Name as it appears on credit card: _____

Signature of account holder: _____

Billing Address: _____ Phone Number: _____

Credit Card: Visa MasterCard Discover American Express

Account #: _____ Security Code: _____ Exp. Date ____/____

Signature: _____

Option 2: AUTOMATIC BANK DRAFT

I authorize Novick Orthodontics to initiate ACH transactions in the amount of \$_____ on the following account on or about the ____ of each month for orthodontic services rendered in accordance with my contract with Dr. Novick. I hereby acknowledge that the amount withdrawn in any given month may vary should other charges be incurred but in no event will the amount to be withdrawn exceed the current amount due.

Once the automatic transaction is activated, this transaction will occur on or about the ____ day of each month until my account is paid in full, or I give verbal or written authorization to discontinue draft. I understand that if the payment authorization is declined for any reason, I will promptly remit the total monthly payment due.

Name on Account: _____

Signature of account holder: _____

Billing Address: _____ Phone Number: _____

Account #: _____ Routing #: _____

PLEASE ATTACH A PHOTOCOPY OF CARD

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