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## Automatic Credit Card Athorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the credit card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated every 20<sup>th</sup> of the month, and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

### Automatic Payments Authorization

**Patients Name:** \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Account No. \_\_\_\_\_ Amount: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Credit Card No. : \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_



If your payment gets declined, your credit card account will be charged the past due amount in addition your current monthly payment on the following month.

I Authorize H. Derick Phan D.D.S. to charge my credit card for my monthly orthodontic payments every 20<sup>th</sup> of each month.

Authorization Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_