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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 20th 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: First: _____ Last: _____

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 20th of each month.

Authorization Signature _____ Date: ____/____/____