



## Payment Authorization Form

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration (mm/yy): \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address 1: \_\_\_\_\_

Billing Address 2: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

Billing City/State: \_\_\_\_\_

### Acknowledgement:

The practice may utilize my payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization. I also acknowledge that by providing payment and/or insurance information of an individual other than myself (parent/guardian/spouse, etc.), I am authorizing you to contact the cardholder and/or primary insured for any issues related to payment and billing.

\_\_\_\_\_

**Signature**