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## AUTOMATIC BILLING AUTHORIZATION

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To enjoy the convenience of automated billing, simply complete the information below and sign the form. All requested information is required. We will set up an automatic deduction on the last business day of each month.

Patient(s) Name(s): \_\_\_\_\_

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### **PAYMENT INFORMATION:**

I authorize LANE PEDIATRICS to automatically bill the card listed below as specified:

**Amount:** \$ \_\_\_\_\_      **Incidental Charges**       **Frequency:** Monthly

**Start billing on:** \_\_/\_\_/\_\_\_\_      **End billing when:** cancellation requested in writing

### **CREDIT/DEBIT CARD INFORMATION (Visa, MasterCard, American Express, Discover)**

Credit card type: \_\_\_\_\_

Credit card number: \_\_\_\_\_      Exp. date: \_\_/\_\_/\_\_\_\_

Cardholder's name: \_\_\_\_\_      CVC (Security code): \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_      Date: \_\_/\_\_/\_\_\_\_