



Automatic Credit Card Billing Authorization Form

For your convenience, Diabetes Wellness Clinic of America accepts MasterCard, Visa payments, American Express and Discover. In addition, we also offer monthly, quarterly, semi-annual and annual automatic billing. Automatic billing is a simple and convenient way to pay your bill.

Attached you will find our automatic credit card billing authorization form. In order to automatically bill your credit card each month, we require your written authorization.

Please print this form, complete it and fax it back:

To Max Martin at **(716) 483-6487** or Email to Authorization@dwcoa.com

Thanks for your business.



Automatic Credit Card Billing Authorization 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 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.

Customer Information (To be completed by merchant)

Customer name: _____ Customer account #: _____ Phone: _____

Payment Information (To be completed by merchant)

I authorize Diabetes Wellness Clinic of America to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly
☐ Quarterly ☐ Semi-Annually ☐ Annually
(Check only one)

Start billing on: ____/____/____ End billing when: ☐ Contract expires: ____/____/____
☐ Customer provides written cancellation

Credit Card Information (To be completed by customer)

Diabetes Wellness Clinic of America accepts the following credit cards: **Visa, MasterCard, Ame Express, Discover**

Credit card type: _____ Credit card number: _____ Expires: ____/____

Cardholder's name: _____ Cardholder's Zip code (required): _____
(As shown on credit card)

Customer's billing address: _____, State: _____ Zip Code: _____
(From credit card billing address)

Customer's signature: _____ Date: ____/____/____

Please print this form, complete it and fax it back:

To Max Martin at (716) 483-6487 or Email to Authorization@dwcoa.com