



## **Automatic Credit Card Billing Authorization Form**

For your convenience, Hope Diabetes Center accepts MasterCard and Visa payments. 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 Marissa Martinez at **(480) 497-5934**.



## 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 Hope Diabetes Center 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)

Hope Diabetes Center accepts the following credit cards: **Visa, MasterCard, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_