

DESERT MEDICAL REJUVENATION

35900 BOB HOPE DRIVE SUITE 130
RANCHO MIRAGE, CA 92270
PHONE: (760) 832-7279

CREDIT CARD RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize automatic charges to your Visa, MasterCard, American Express, or Discover card. You will be charged the amount indicated by your invoice up to \$200.00 (may include no show fees). A receipt of payment will be mailed to you and will appear on your statement. You agree that no prior-notification will be provided unless the amount is higher, in which case you will receive notice from us at least 10 days prior to the payment being collected.

PLEASE COMPLETE THE INFORMATION BELOW:

I _____ authorize **Desert Medical Rejuvenation** to charge my credit card indicated below for payment of my (Deductible/Co-Pay/Co-Ins., etc....) up to \$200.00. If Higher I will receive a notice at least 10 days prior to authorize the payment.

Billing Address: _____ Phone #: (____) _____

City, State, Zip: _____ Email: _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV (3-digit number on back of Visa/MC, 4 digits on front of AMEX): _____

Authorization Expiration Date: _____

Signature

Date

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlines above. I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing. Whichever comes first, I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday. I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I clarify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.