

# Repetitive Billing Application

Any information obtained will be held in confidence by (Your company name).

## Customer Information

Name on Account \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

## Account Information From Which Funds Will Be Debited

\* Note: Payments will show as "(Your company name)" on your statement

**CREDIT CARD**

Card Type \_\_\_\_\_ Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec code# \_\_\_\_\_

**CHECKING**

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Bank Routing # (9 digits) \_\_\_\_\_

### When Possible Please Attach A "Voided" Pre-Printed Check or Deposit Slip To This Form

If you change accounts or banks, please send a new "voided" pre-printed check or pre-printed deposit slip thirty (30) days in advance.

It is not necessary to send a new authorization. We recommend you leave sufficient funds in your old account to cover the payments until we begin drafting your new account, and/or you receive notification that we have completed the change.

## Payment Detail

Total Amount Owed \_\_\_\_\_

Payment Amount \_\_\_\_\_

Frequency: Monthly \_\_\_\_\_ or Bi Monthly \_\_\_\_\_

Start Date \_\_\_\_\_

Date(s) To Be Taken After First Payment \_\_\_\_\_

Other Payment Detail \_\_\_\_\_

As a convenience to me, I hereby request and authorize (Your company name) to charge my account: checks, electronic funds transfers or other orders drawn on or initiated to my account by and payable to the order of (Your company name). I agree that (Your company name)'s rights in regard to each such check, electronic funds transfer or other order shall be the same as if it were a check tendered to (Your company name) and signed personally by me. This authority is to remain in effect until revoked by me in writing and (Your company name) receives such written notice. I agree that (Your company name) shall be fully protected in honoring any such check, electronic funds transfer or other orders. (Your company name), at its discretion, may make or discontinue withdrawals from my account while this authorization is in effect. I further agree that if any such check, electronic funds transfer or other orders be dishonored, whether with or without cause and whether intentionally or inadvertently, (Your company name) has the right to resubmit a replacement draft to my account for face value of such check, electronic funds transfer, or other orders and any service charges. I understand that in the event of default of the above terms, I agree to pay all collection costs, including but not limited to, reasonable attorney fees, court costs, cost of preparing documents for court and collection charges up to 35% of unpaid balance.

\_\_\_\_\_  
Signature as it appears on Bank Account

\_\_\_\_\_  
Date

(Your company name) Office: (801) 465-4490 Fax: (801) 465-4259 or email contact@AspenFamilyDental.com

1392 West Turf Farm Way #1, Payson, UT 84651 con