

Authorization Agreement
Direct Payments (Automatic Debit)

I (we) hereby authorize Robison Orthodontics, to debit entries to my (our) account indicated below and the financial institution named below, to debit the same to such account.

Checking Account

(Financial Institution Name)

(Routing Number) (Account Number)

Charge Card / Visa / MC / Discover / Flex card

(Card Number)

(Card Type)

(Exp Date)

(CIV Code)

\$ _____
(Withdraw Amount)

This authority is to remain in full force and effective until my contract with Robison Orthodontics has been paid in full or Robison Orthodontics receives written notification from me of its termination.

I also understand that I am responsible to contact Robison orthodontics in the event I change accounts or wish to modify the original contracted payment agreement in any way. If using a charge account, I am responsible to update Robison Orthodontics with new expiration dates and CIV codes when needed. Such updates can be made to this contract without a signature and allowing this authorization to remain in full force and effect. By signing this authorization agreement I am agreeing to the payment schedule outlined in the signed contract on file. Furthermore, I understand that Robison Orthodontics needs fifteen days advance notice to stop or change any account information. Failure to do so could result in the changes not being made and accounts falling behind.

(Patient Name)

(Print Individual Name)

(Signature)

(Date)