

Monthly Credit Card Payment Authorization Form for Cascade Acupuncture Center, LLC

By filling out and signing this form, you can schedule your payments to be automatically charged to your Credit Card. Recurring payments will make your life easier: They are convenient, saving you time and postage. Your payment is always on time, even if you're out of town, eliminating late charges and possible collection procedures.

Here's How Recurring Payments Work: You authorize MONTHLY charges to your credit card. Your credit card information will be saved in our Blue Fin (Bluefin.com) terminal in an encrypted way (all we can see is the last 4 digits). You will be charged the amount indicated below once per month for the number of payments you authorize below. The charge will appear on your bank statement as CASCADE ACUPUNCTURE CENTEHOODRIVEROR or CASCADE ACUPUNCTURE CENTETHEDALLESOR You understand and agree that no prior-notification will be provided. You may fill out an other *Monthly Credit Card Payment Authorization Form* and change the amount to be charged or the number of payments.

Please complete the information below:

I _____ (insert full name) authorize Cascade Acupuncture Center, LLC to charge my credit card indicated below for \$ _____ (insert monthly \$ amount, no less than \$25) MONTHLY on the (select your option, your payments will start on the next available date!)
 5th of the month, 15th of the month, 25th of the month

for # _____ payments (insert number of payments = number of months you will be paying, no more than 12 months) for the payment of my (select option) Acupuncture Insurance Bill,
 Prepaid Acupuncture or Allergy Elimination treatments Acupuncture Wellness Plan

Credit Card Billing Address _____

City, State, Zip (required) _____

Phone# _____ Email _____

Card: Visa, MasterCard, Discover, Amex, Number: _____

Expiration Date: (month) _____ / (year) _____, CCV (3 digits on the back): _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Cascade Acupuncture Center, LLC in writing of any changes in my account information (including if my card is cancelled or the expiration date is updated) 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. In the case of your scheduled payment being rejected for Non Sufficient Funds (NSF) I understand that Cascade Acupuncture Center, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: X _____ Date: _____

There are 3 ways you can get this form to us:

1. Mail it to us at 2690 May St, Ste 101, Hood River, OR 97031 (please make a copy for yourself)
2. Fax it to our E-Fax number which we can only access with a password: **844-965-9823**
3. Deliver it during business hours to one of our team members (we will make a copy for you)