NORTH TEXAS
SURGICAL SPECIALISTS

Recurring Payment Authorization Form

By completing this form your payment will be scheduled to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card.

How Recurring Payments Work:
You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as "**NORTH TEXAS SURGICAL SPECIALISTS**" You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. There are no penalties for paying off the account balance early. Please contact our billing department for options.

Please Complete the Information Below:

I _____ authorize North Texas Surgical Specialists to charge my card listed below _____(amount) on the _____ (day or date) of each month for payment.

Billing Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Phone: _____ **Email**:_____

Current Balance: _____ **Down Payment:** _____ **Collected on Listed Card: YES / NO**

Notes: _____

_____

Visa	Mastercard	Amex	Discover

Name as Written on Card: _____

Card Number: _____ Expiration: _____ CVV: _____

Account Number: _____ **Account Holder Date of Birth:** _____

I understand that this authorization will remain in effect until I cancel it in writing or until the balance is paid in full, and I agree to notify North Texas Surgical Specialists in writing of any changes in my account information or termination of this authorization at least 30 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a transaction being rejected for Non-Sufficient Funds (NSF) I understand that North Texas Surgical Specialists may at its discretion attempt to process the charge again within 30 days and agree to an additional $34.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. 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 _____ Date_____