

AUTHORIZATION FORM

Practice Name: Mehan and Johnson Orthodontics

ES20060

PATIENT ID#		PATIENT NAME:		DATE		
Effective date of authorization: ____/____/____						
Type of authorization:						
<input type="checkbox"/> New authorization		<input type="checkbox"/> Change payment amount		<input type="checkbox"/> Change payment date		
<input type="checkbox"/> Change banking information		<input type="checkbox"/> Discontinue electronic payment				
Last Name			First Name			
Address						
City				State	Zip	
Email Address						
DOWN PAYMENT: (leave blank if not applicable)						
Date for withdrawal: ____/____/____ Down payment amount: \$ ____						
MONTHLY PAYMENT:						
Date for monthly withdrawal: ____/____/____ <input type="checkbox"/> 1 st						
Date of first payment: ____/____/____ Date of last payment: ____/____/____						
Amount of monthly payment: \$ ____ Amount of last payment: \$ ____ Total number of payments: ____						
CHECKING / SAVINGS	Please debit payment from my (check one):			Routing Number: _____		
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)			Valid Routing # must start with 0, 1, 2, or 3		
<input type="checkbox"/> Checking Account (staple a voided check below)			Account Number: _____			
			⑆1234567890 123 1234567 0001			
			└─── Routing Number ───┬─── Account Number ───┬─── Check Number			
I authorize the above practice to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.						
Authorized Signatures: _____ Date: _____						
CREDIT CARD	Please charge my payments to my (check one):					
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card					
	Credit Card Number:			Expiration Date:		
	Name on Card:					
	Billing Address (if different from above):					
I authorize the above practice to charge my credit card in accordance with the information above.						
Signature (as it appears on the credit card): _____ Date: _____						

If using a checking account, please attach a voided check over the credit card section above.