



AUTHORIZATION TO CHARGE FORM

You authorize to charge to your credit or card. You will be charged the amount indicated below each billing period. You understand that no payment notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 14 days before payment is processed. All weekend and holiday payments will be processed the day prior.

By signing this form, you grant us permission to debit your account for the amount specified on the dates specified. This is permission for a recurring transaction.

PLEASE COMPLETE THE INFORMATION BELOW

I _____ authorize to charge my credit/debit card detailed below
for _____ on the _____ of each* _____
(amount) (day) (week, month, etc.)
for payment of _____
(description)

*If billing falls on a Saturday, Sunday, or Holiday the payment will be processed the prior day.

Billing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Account Type: Visa MasterCard Amex Discover

CARD HOLDER NAME: _____

CARD NUMBER LAST 4 DIGITS: _____ CWV: _____

EXPIRATION DATE: _____

SIGNATURE: _____ DATE: _____

I grant any affiliate that is DBA Options Medical Weight Loss permission to charge the credit/debit card specified above according to the terms outlined in this authorization form and will remain in effect until account is paid in full. This payment authorization is for the goods/services purchased at our clinic, for the amount indicated above, and will be processed on the schedule specified. I certify that I am an authorized user of this credit/debit card, and that I will not dispute the payment with my credit/debit card company; providing the transaction corresponds to the terms indicated in this form. If a payment is disputed and the billing is correct you understand there will be a \$50 processing fee charged to this account for processing the dispute. Any changes to my billing information must be provided in writing at least 14 days before the payment date. Failure of payment may result in late payment fees or the account being sent to collections. If for any reason this card does not go through on the date listed for the amount charged. You authorize the facility that DBA Options Medical Weight Loss to use a default card on your account for payment.