**CREDIT CARD AUTHORIZATION**

Your credit card information will be kept on file. If you have

an outstanding balance on the last day of the monthly billing cycle,

your credit card will automatically be billed.

If you would prefer to pay by credit card, please list below:

PLEASE CIRCLE ONE: VISA MASTERCARD DISCOVER

Credit Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as written on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: Month\_\_\_\_\_ Year\_\_\_\_\_

3 Digit Security Code on Back of card \_\_\_\_\_\_\_

Billing Address and Zip Code for the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my authorization and consent for the above listed card

to be used for payment to Deanna Dial D.O.. The billing

charge will reflect the service rendered per the office policy and will

be itemized on the monthly billing statement. I understand that I am

financially liable for fees incurred due to failure to cancel

appointments 24 hrs in advance. (Please be aware that the date(s)

listed on your credit card statement will reflect the date of processing

the charge, not necessarily the actual date of service, since not all

fees are processed on the date of service.)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_