MyPayOK

AUTO RECURRING PAYMENT AUTHORIZATION FORM

Your health care provider has made payment plans available through **MyPayOK** to help you pay for your medical care. To sign up, simply fill out the Authorization Form, and your monthly payment will be automatically deducted, on the date specified, until your outstanding balance is paid in full. A receipt will be emailed to you and the charge will appear on your bank or credit card statement. There will be a one-time fee of $9.95 to initiate your payment plan. If mailing authorization form, send to **MyPayOK** at 6612 NW 38th St. #305 Bethany, OK 73008. For questions about your payment you may call at (888) 987-0381 or email to info@mypayok.com. For questions regarding your bill please contact your provider directly.

Please complete the information below:

PATIENT INFORMATION

Physician/Facility Name: _____

Patient Name: _____ Account Number: _____

Person Responsible for Account (if different than patient): _____

Email: _____ Phone Number: _____

FINANCING INFORMATION

Total Balance Due: $ _____ Initial Installment: $ _____

Amount of Monthly Payment: $ _____ Payment Date: 1st 5th 15th 20th 30th

(Circle Date of Monthly Withdrawal)

**Your Initial Installment payment will be withdrawn 2-3 days from the date of this authorization. Your second payment will be withdrawn on the date specified. If your initial payment is within approximately two weeks of specific date, your second payment will skip a month.*

CHOOSE ONE OF THE PAYMENT OPTIONS BELOW

BANK ACCOUNT INFORMATION

☐ Checking ☐ Savings

Name on Account: _____

Bank Name: _____

Bank Account #: _____

Bank Routing #: _____

CREDIT CARD INFORMATION

☐ Visa ☐ Master Card ☐ Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV (3 digit number on back of card) _____

Billing Address: _____

City, State, Zip: _____

To Fax: send to (888) 987-0380, please black out all bank/credit card account info for security

Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify MyPayOK in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment 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 an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that MyPayOK 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 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 the scheduled transactions with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.