

# DallasAllergyImmunology

## Automatic Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing to your Visa/Master/Discover/American Exp card, simply fill out all the information below. Upon approval, we will then automatically bill your primary Visa/Master/Discover/American Express card (or the alternate card if the primary is declined) for amounts due and your total charges will appear on your monthly statement. This will be done the 4th week of the month. You may cancel this automatic billing authorization at any time by contacting us at 7777 Forest Lane, Suite B332 Dallas, TX 75230. phone 972-566-7788 fax 972-566-8837

Primary Visa/Master/Discover/American Exp

Alternate Visa/Master/Discover/American Exp

\_\_\_\_\_  
Name on Card (exactly as printed)

\_\_\_\_\_  
Name on Card (exactly as printed)

\_\_\_\_\_  
Billing Address for Card (Street, Apt.)

\_\_\_\_\_  
Billing Address for Card (Street, Apt.)

\_\_\_\_\_  
Home Phone Number & Work Number

\_\_\_\_\_  
Home Phone Number & Work Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date      3 digit Vcode

\_\_\_\_\_  
Expiration date      3digit Vcode

\_\_\_\_\_  
Signature                      Today's date

\_\_\_\_\_  
Signature                      Today's date

I authorize Dallas**Allergy**Immunology to automatically bill one of the cards listed above as specified below:

**If your bill is the same amount each (Month/Weekly), check and fill in transaction amount:**

Bill my regular (Monthly/Weekly) charge of \$\_\_\_\_\_ to my Credit Card.

**If your bill varies each (MONTH), check here:**

Bill all regular charges after insurance payment to my Credit Card. Not to exceed \$\_\_\_\_\_.

**Please tell us how long you want us to automatically bill your Credit Card.**

This authorization is valid indefinitely .....

This authorization is valid until this date \_\_\_\_\_. At the end of this time, you will be given the opportunity to renew your authorization.

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