

AUTHORIZATION FORM

Periago Orthodontics

ES9927

FOR OFFICE USE ONLY		PATIENT #	DATE
Effective date of authorization: ____/____/____			
Type of Authorization Form:		Name of patient: _____	
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change banking information	
<input type="checkbox"/> Change payment amount		<input type="checkbox"/> Discontinue electronic payment	
<input type="checkbox"/> Change payment date			
Last Name		First Name	
Address			
City		State	Zip
DOWN PAYMENT (leave blank if not applicable)		MONTHLY PAYMENT	
Date for withdrawal: ____/____/____		Date for monthly withdrawal (please check one): <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Other ____	
Amount of down payment: \$ ____		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: _____
		C123456789012345678900001 Routing Number Account Number Check Number	
I authorize the above practice and Vanco Services, LLC 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 Signature: _____ 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 and Vanco Services, LLC to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____ Date: _____			

Please attach voided check over credit card section above if using checking account.