



east lincoln family health professionals, pc

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Telephone: 402-483-7507 Fax: 402-483-6899

Recurring Payment Authorization Form

Your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Please complete and sign this form.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit or debit card. You will be charged the amount indicated below each billing period. If requested, a receipt for each payment will be mailed to you. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us.

Please complete the information below:

I, _____ authorize East Lincoln Family Health Professionals to charge my credit card, indicated for:

\$ _____ on the _____ of each month for payment of medical services I am responsible for.

Billing Address: _____ Phone # _____

_____ Email _____

Credit Card Information:

Cardholder Name: _____

Visa MasterCard Amex Discover

Account Number _____ Exp. Date _____ CVV: _____

Billing Zip Code _____

SIGNATURE of Card Holder _____ **DATE** _____ I understand

that this authorization will remain in effect until I cancel it in writing, and I agree to notify East Lincoln Family Health 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 payment dates fall on a weekend or holiday, I understand that the payments 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 East Lincoln Family Health may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.