



I \_\_\_\_\_, authorize Mountain Bay Dental LLC to automatically debit my account for payment owed on our family account.

Card type:    Visa    Master Card    American Express    CareCredit

Account Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Three digit security code on the back of the card: \_\_\_\_\_

Frequency of Debit:    Weekly    Bi-weekly    Monthly

Amount of Weekly/Bi-weekly/Monthly debit: \$ \_\_\_\_\_

Start date of first automatic debit: \_\_\_\_\_

If for any reason I need to change my payment method I will notify Mountain Bay Dental of such changes and provide payment from another source.

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