

**PREAUTHORIZED DEBITS AUTHORIZATION FORM  
CREDIT CARD**

I (we) authorize:

**Camino Real Orthodontics, 3144 El Camino Real, Suite #205 Carlsbad, CA 92008**

to initiate debit entries and if necessary, credit entries for adjustments to any debit entries made in error to the credit card account at the Financial Institution as listed below:

<b>Patient(s) Name:</b> _____	
<b>Monthly Charge \$</b> _____	<b>Begin Date:</b> _____ <b>End Date:</b> _____
Monthly Charge Date: <b>(Please Circle)</b> 1 <sup>st</sup> , 15 <sup>th</sup> or 25 <sup>th</sup>	
_____	<b>CVC #</b> _____
<i>Name on Credit Card</i>	<i>Last 3 digits on back</i>
_____	<b>Expiration Date:</b> _____
<i>Credit Card Number</i>	

**Credit Card Billing Address (Street Address, City, State, Zip):**

\_\_\_\_\_

\_\_\_\_\_

**Other Contact Phone Number:**

\_\_\_\_\_

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



### Automatic Monthly Payment Terms and Conditions

You may authorize Camino Real Orthodontics to receive payment every month for your monthly Camino Real Orthodontics statement by charging your credit account. Camino Real Orthodontics will provide you with a monthly statement of your account(s) containing an itemized list of services used during the billing period, upon request. Under federal law, you have the right to hold up or stop an electronic fund transfer provided you give your credit card issuer notice of at least three business days before the scheduled transfer date. Camino Real Orthodontics shall bear no liability or responsibility for any losses of any kind that you may incur as result of an erroneous statement or due to any delay in the actual date on which your account is debited. If any changes occur in the information on your application, you must immediately notify Camino Real Orthodontics in writing of such changes. If you either do not notify Camino Real Orthodontics in writing or such changes or do so in an untimely fashion, Camino Real Orthodontics shall bear no liability or responsibility for any losses incurred to the extent permitted by law. Camino Real Orthodontics' sole liability to you shall be Camino Real Orthodontics' obligation to make any appropriate changes once in receipt of your written notification. The actual settlement date (or date funds are charged to your credit card) will be 3 days before the due date of your bill. Camino Real Orthodontics reserves the right to change these conditions at any time. Notice may be given on or with your bill or by other methods. Either party may terminate this agreement at any time by giving the other party written notice reasonably in advance of the date of termination of any scheduled settlement date. Termination shall not prevent a debit transaction authorized before any notice of termination. You agree to be bound by any rules your credit card issuer requires for pre-authorized credit card charges. Check with your financial institution to see if there are any fees associated with the pre-authorized payment option. If you believe your bill contains any incorrect charges you must notify us of such disputed charges within sixty days of the first bill on which the charge first appears or you waive your right to dispute the charge

### Automatic Monthly Payment Agreement

I hereby agree that I have fully read and understand the Automatic Monthly Payment terms and conditions and that I authorize Camino Real Orthodontics to debit the specified credit card for payment of my Orthodontic Treatment with Camino Real Orthodontics. I understand that my participation in this plan is to remain in effect until canceled in writing by me, the credit card issuer or Camino Real Orthodontics. I understand that I also have the right to stop payment of a charge by notifying Camino Real Orthodontics within ten (10) days, or as permitted by my credit card issuer. All terms and conditions of Camino Real Orthodontics Service Agreement remain in full force and effect.

I agree to the Automatic Monthly Payment terms and conditions (Required)

I Agree

Not Applicable: I want to make a one time payment

