

Patient # _____



4900 West Taft Road
Liverpool, New York 13088
(315) 457-4900

20 East Genesee Street
Baldwinsville, New York 13027
(315) 638-8618

Authorization for Credit Card Charge

I authorize Raineri and DiCosimo Orthodontics P.C. to keep my signature on file and to charge my _____ account for recurring charges of \$ _____ as agreed upon in my original contract with Raineri and DiCosimo Orthodontics P.C.

The charge will be assessed every month from _____ to _____.

I understand that this form is valid through the dates listed above unless I cancel the authorization through written notice to the orthodontic office.

1st OR 15th

Patient name: _____

Cardholder name: _____ Phone # _____

Cardholder Address: _____

Account Number: _____

Exp. date: _____ Zip: _____

House #: _____ Date: _____

Cardholder Signature: _____