



Credit Card Payment Authorization Form

Our credit card draft program is available to customers choosing to have their monthly payment automatically charged to their credit card. We accept MasterCard, Visa, Discover, and American Express.

This program will save you the cost of postage and checks, and eliminate the monthly call to the Clinic to charge the monthly payment to your credit card. This program will also provide a record of payment on your monthly credit card bill.

When you sign up for the credit card draft program, it will take effect immediately. You will continue to receive your monthly statement at the regular times. The words "Automatic Draft/Do Not Pay" will be printed on your statement. We will charge the payment to your credit card on the 15th of each month.

In the even your credit card is rejected, we will call you immediately to give you an opportunity to come in and pay your bill. If we cannot reach you, and your bill is not paid on the due date, you will be charged the \$25.00 penalty fee.

To take advantage of this free service, simply complete the authorization form and return to Clinic Sofia OB/GYN, or mail to 6545 France Ave South, Suite 490, Edina, MN 55435. For more information, please call 952-516-7967.

I (we) authorize Clinic Sofia OB/GYN, to initiate debit entries to my (our) credit card below, which I (we) have indicated. I understand that the debit will be made on the day my (our) monthly payment is due. I (we) understand, in the even that my (our) credit card is rejected, I (we) will be charged the \$25.00 penalty fee, receive a final notice, and be subjected to disconnections of services.

Customer Name _____ Customer Phone# _____

Mailing Address _____

City/State _____ Zip Code _____

Name on Credit Card _____ Type of Credit Card _____

Credit card # _____ Expiration Date _____

Signature _____ Date _____
(Signature must match name on credit card)