



Automatic Bank Draft

I, _____, hereby authorize Hazel Green Dental to draft my account for _____ (*patient name: self or other*) as specified below until amount due is paid in full. I agree to maintain a sufficient balance to cover this debt on each installment date. If for any reason the automatic withdrawal is returned as non-sufficient funds, there will be a \$25 fee upon each occurrence.

Bank name _____ Branch _____

Account number _____ Routing number _____ Checking Savings

TERMS

_____ monthly installments of \$ _____ each to begin on _____ and continue on the _____ day of each month for _____ months.

SIGNATURE

DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Hazel Green Dental 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 I may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 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 agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.