

Deborah R. Blanchard, DDS, MAGD
3102 Holly Road, Suite 506
Virginia Beach, VA 23451
757.321.1300
office@baycolonydentistry.com

AUTHORIZATION TO DEBIT CREDIT/DEBIT CARD ON A RECURRING BASIS

☐ - **Recurring Charge** – You authorize regularly scheduled charges to your Credit Card or Bank Account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card or Bank Account Statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize
BAY COLONY DENTISTRY to charge my Credit Card or Bank Account below for

\$ _____ beginning on _____ (Date).

Goods / Services Rendered: _____

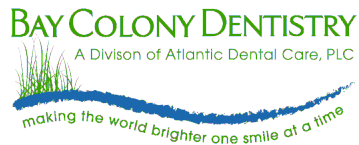
☐ - **One (1) Time Charge** – You authorize the merchant below to make a one-time charge to your Credit Card or Bank Account listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize
BAY COLONY DENTISTRY to charge my Credit Card or Bank Account indicated below for

\$ _____ on _____ (Date).

Goods / Services Rendered: _____



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Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

☐ - Visa ☐ - MasterCard ☐ - AMEX ☐ - Discover

Cardholder's Name - _____

Credit Card Number - ____ - ____ - ____ - ____

Expiration Date - ____ / ____

Security Code (CVV) - ____

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