

Credit Card Authorization Form

I, _____, authorize Bryan Animal Clinic to charge my credit card below for the Wellness Plan(s). A charge shall be made each month in an amount equal to the withdrawal amount indicated below. I understand that my information will be saved to file for future transactions on my account. I understand enrolling additional pet(s) with a Wellness Plan(s) will increase my monthly charge amount to the total monthly amount of all plans on my client account.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____
Monthly Charge Amount: _____

An overdraft/reprocessing fee of \$20.00 will be billed to Member for insufficient funds, over limit status, or any other reason a payment is unable to be processed based on the account information supplied by Member. Member is responsible for immediately notifying Provider of any changes in billing account information to avoid any payment reprocessing fees.

This authorization is to remain in full effect on an automatic annual renewal basis unless and until this agreement is cancelled as defined in our Preferred Pet Plans Terms and Conditions.

Account Holder's Name (please print): _____

Account Holder's Signature: _____

Date of Authorization: _____ Name of pet(s) being enrolled: _____