

AUTOMATIC PAYMENT PLAN

I authorize Dr. Kuhn & Associates to automatically charge my account (Visa, MasterCard, Discover, American Express, Checking) for agreed payment plan as noted below:

This authorization is to remain in effect until the outstanding balance is paid in full.

The Payment Plan I prefer is:

Monthly: A payment of \$_____ will be charged to my account noted below on the _____ day of _____
 Each month until the account is paid in full beginning on _____.

In Full: A one time payment of \$_____ will be charged to my account on _____.

(Date)

Card Type	Card Number	Expiration Date
MasterCard		
Visa		
Discover		
American Express		

Name as it appears on the Card _____

Authorized Signature _____

Home Telephone # _____ Work Telephone # _____

Home Address _____

IF YOU WOULD PREFER YOUR CHECKING ACCOUNT BE CHARGED THE FOLLOWING INFORMATION IS NEEDED:

- (1) Name on Check: _____
- (2) Address: _____
- (3) City, State, Zip _____
- (4) Bank Name _____
- (5) Bank City/State: _____
- (6) Check Number: (Upper Right Corner) _____
- (7) A.B.A Number: (Usually 2 digits, under Bank Name/City) _____
- (8) Transit/Routing Number: (always 9 digits, beginning with 0,1,2, or 3 on bottom left) _____
- (9) Account Number: _____

Authorized Signature: _____ Date: _____

Printed Name: _____

Please complete and fax to 910.692.3919