

AUTO PAY FORM

PAH Customer Acct # _____

I/We _____, do hereby authorize Prescott Animal Hospital, PC to pay my total account balance with the below referenced credit card on

_____ the _____ day of each month.

OR

_____ after each visit

I understand that my card number and account information will remain on file until I notify Prescott Animal Hospital to cancel this authorization.

Account Information:

Account Number: _____ **Type of Card:** _____

CVV# (3 digit code on back of card) _____ **Expiration Date:** _____

Address: _____ **Billing Zip Code:** _____

Signature: _____ **Date:** _____