

Owens Physical Therapy Specialists

Direct Payment Authorization for Recurring Payments

Owens Physical Therapy Specialists is pleased to offer you a new service—the Direct Payment Plan. Now you can have your payment deducted automatically from your Credit or Debit Card. You won't have to change your banking relationship to take advantage of this service.

The Recurring Payment Plan will help in several ways:

- It saves time – Fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time.
- It saves postage- many people spend close to \$50 a year on postage to pay bills.
- It's easy to sign up for, easy to cancel.

Here's how the Direct Payment Plan Works:

You authorize us to deduct your payments from your credit card or debit card. Then, just sit back and relax. Your payments will be made automatically each **(wk, Mon, Qtr. Yr)**. Your Payments will be deducted from your authorized account on the agreed date each **(wk, Mon, Qtr. Yr)**, unless you notify us of a change in status.

This plan is flexible dependable, convenient and easy. Take advantage of this service by completing the form below and the attached form.

All you need to do is:

- 1) Mark the box indicating the type of account you want your payment to be deducted from.
- 2) Fill in your name, financial institution information or card type and date.
- 3) On the attached for please fill in your account number and routing number.

Please complete the information below.

I authorize **Owens Physical Therapy Specialists** to initiate electronic debit entries to my:

_____ Credit Card(last 4 Digits) _____ Debit Card(last 4 Digits) _____

For payment of my Invoice for **Physical Therapy Services** from **Owens Physical Therapy Specialists**.

I acknowledge that the origination of credit card charges to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing at least 5 days before scheduled withdrawal.

Name: _____ Address: _____

Phone: _____

Signature: _____ Date: _____

Account Information

(To comply with Privacy Regulations this Paper will be shredded after the first successful payment)

For Deductions from Your Debit or Credit Card

(Circle One) MasterCard Visa Discover Card

Credit or Debit Account Number: _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____