



Patient Name: _____ Patient # _____

AUTOMATIC BANK DRAFT RELEASE

This document is used to certify that Cook Orthodontics of Dublin has the right to automatically draft funds on a timely basis from your account identified below. Cook Orthodontics of Dublin will cease automatic drafting immediately upon notification in writing. It is important to remember to deduct these funds from your account records so that you are always sure of your balance. Please make sure any account changes are brought to our attention immediately.

Debit Card or HSA Card for monthly payment, down payment or pay in full option.

Card Number: _____

Exp Date: _____ CVV: _____

Name on card: _____

ACH **Please attached a voided check with this method**

Account Name: _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

Check Type: Personal _____ Business _____

Account Type: Checking _____ Savings _____

I hereby authorize Cook Orthodontics of Dublin to draft the account identified above. An automatic withdrawal of \$ _____ will be made on the 5 15 25 day of each month for _____ consecutive months beginning ____/____/____.
(circle one)

Signature _____ Date _____

Alternative Payment for down payment or pay in full option.

Card Number: _____ One Time Amount \$ _____.

Exp Date: _____ CVV: _____

Name on card: _____

Signature _____ Date _____

SET UP AUTOPAYMENTS: _____ NEW CARD INFO: _____ ONE-TIME PAYMENT: _____

ZIP CODE IF DIFFERENT THAN ZIP CODE IN PATIENT CHART _____