

REOCCURRING AUTHORIZATION FORM

Peter A Lo Destro DDS PC
4230 A Westbrook Drive 803 C North Bridge St
Aurora, IL 60504 Yorkville, IL 60560
630-898-3100 630-553-3222

Schedule your payment to be automatically charged to your Visa, Master card, or Discover credit card. Just complete and sign this form to get started.

Here's how it works:

You authorize scheduled charges to your card. Each billing period you will be charged the amount indicated on the form. A receipt for each payment will be emailed to you if you wish. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the following information:

I _____ authorize Peter A Lo Destro DDS PC to charge my credit card,
(full name)
listed below , for \$_____ on the _____ of each month for payment of my dental bill.
(amount) (date)

Billing address _____ Phone _____
City, State, Address _____ email _____

CREDIT CARD INFORMATION

VISA MASTERCARD DISCOVER (please circle)

Cardholder name _____

Account number _____

Exp. date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____ **DATE** _____