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Payment Plan Authorization Form

You can pay off your balance with a simple automated payment plan. It's easy to set-up, and your payments will take care of themselves. Just complete and sign the form below to get started!

Here's How the Payment Plan Works:

We decide upon a mutually agreeable number of payments and a schedule. You authorize the regularly scheduled charges to your debit card or credit card. There will be a \$5.00 transaction fee to process the monthly payments. When the total due is collected, the schedule ends and the authorization is terminated.

Please complete the information below:

Total Due: _____ Payment Frequency: _____
of Payments: _____ Start Date: _____
Payment Amount: \$ _____ Account #: _____

I _____ authorize **Gentle Primary Care** to charge debit card/credit card on the
(full name)
_____, of each month until balance on my account \$ _____, along with the transaction fee, is paid in full.
(Date of Transaction)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Debit Card/Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Cardholder Name _____	
Card Number _____	
Exp. Date (mm/YYYY) _____	
CVV (3 digit number on back of card) _____	

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until the debt is fully discharged or I cancel it in writing which ever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card/debit card and will not dispute **Gentle Primary Care** billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.