



# Cary Grossman Health & Wellness Center

## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be available upon request. 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 information below:

I \_\_\_\_\_ authorize Jupiter Medical Center to charge my debit/credit card  
(full name)

indicated below for \$ \_\_\_\_\_ on the **1st** of each month for payment of my Health & Wellness Center membership.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Credit Card

Visa       MasterCard       Amex       Discover

Exp. Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Jupiter Medical Center 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 dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the event of a Non Sufficient Funds (NSF) I understand that Jupiter Medical Center may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$10.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

### Cancelation of Reoccurring Payment Authorization (RPA)

Please note that ALL cancelations must be submitted 10 business days prior to the 1<sup>st</sup> of the month.

Cancelling Membership       Cancelling RPA only       Freezing RPA (attach a Freeze Form)

Date Submitted \_\_\_\_\_ Requested Effective Date \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Office Use Only: Received Date \_\_\_\_\_ Processed By: \_\_\_\_\_