

AUTOMATIC PAYMENT PLAN

Myron Schaffer D.D.S.  
Matthew Fiorentino D.D.S.  
6431 Kirkville Road  
East Syracuse, NY 13057  
Phone: 315-463-5627

I authorize the above office to automatically charge my credit card (Visa, Mastercard or American Express) listed below, for items listed on the monthly statements for:

Name	
Social Security #	
Address	
Phone	

This authorization is to remain in effect until I cancel it in writing.

The payment plan I prefer to be on is:

**Regular Payment Plan:**

The entire portion due on my monthly statement, including any previous balance due as well as any accrued interest.

**Monthly Payment Plan:**

The monthly balance due as arranged between myself and the Administrative Assistant. \_\_\_\_\_ per month, to be applied on or about the \_\_\_\_\_ of the month.

Card Type (circle one)	Card Number	Exp Date	Security Code	Zip Code
Visa Amex MasterCard				

Name as it appears on the card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

I authorize a minimum charge of \$\_\_\_\_\_ and a maximum charge of \$\_\_\_\_\_.

No Minimum or Maximum Limit.

\_\_\_\_\_  
Administrative Assistant

\_\_\_\_\_  
Date