Atlanta Men's Clinic, LLC
4411 Suwanee Dam Rd. Suite 440, Suwanee, GA 30024
(Ofc.) 470-589-7120 (Fax) 844-350-6954

Recurring payment authorization form

Schedule your payment to be automatically deducted from your credit or debit card or charged to HSA/ FSA card. We accept your Visa, MasterCard, American Express or Discover card. Just complete and sign this form to get started!

Here's how recurring payments work:

You authorize regularly scheduled charges to your debit or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed or mailed to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes.

Please complete the information below:

I _____ authorize Atlanta Men's

Clinic, LLC to charge my credit / debit card indicated below for $ _____._____ on the

_____ of each month for payment of services rendered for medical care:

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Atlanta Men's Clinic, LLC 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. For ACH debits to my checking / savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF) I understand that Atlanta Men's Clinic, LLC may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this debit / credit card 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.

Billing address _____Phone _____

City, State, Zip _____

Email _____

Debit / Credit Card:

Visa ---------- MasterCard ---------- Amex ---------- Discover

Cardholder name _____

Account number _____ Exp. Date __ / __ CVV_____

Signature_____ Date_____

Created July2018