

---

# Recurring Credit Card Charge Authorization Form

I (we) hereby authorize Mission Hills or Blackhawk Center Orthodontics, to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Mission Hills or Blackhawk Center Orthodontics is notified by me (us) in writing to cancel it in such time as to afford Mission Hills or Blackhawk Center Orthodontics and Credit Card Company a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name - PLEASE PRINT AS APPEARS ON CARD)

\_\_\_\_\_  
(Address, Zip Code - PLEASE PRINT)

\_\_\_\_\_  
(Phone Number - PLEASE PRINT)

\_\_\_\_\_  
(Email - PLEASE PRINT)

Please circle one: Visa / MasterCard / American Express / Discover

Account Number: \_\_\_\_\_ v-code \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Charge Amount: \$ \_\_\_\_\_

Frequency: once monthly on (please circle one): 5<sup>th</sup> 20<sup>th</sup>

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Effective Date)

39572 Stevenson Place, Suite 230  
Fremont, CA 94539  
510-797-6500

Email: [mygreatsmile@bay-area-braces.com](mailto:mygreatsmile@bay-area-braces.com)

Fax 510.797.6531

3880 Blackhawk Rd.  
Danville, CA 94506  
925-736-9900