

AUTOMATIC PAYMENT PLAN

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L.L.C.

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EFS National Bank Merchant ID# 27780001

I authorize Perna Dental, L.L.C. to automatically charge my credit card (Visa, Mastercard, Discover, 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 Office Administrator. _____ per Month, to be applied on or about the 23rd of each month.

Card Type	Card Number	Expiration Date	Effective Date & Security Code	
Visa				
Mastercard				
Discover				
American Express				

Name as it appears on the card: _____

Authorized Signature: _____

Home Telephone # _____ Work Telephone # _____

Home Address: _____

I authorize a minimum charge of \$ _____ a maximum charge of \$ _____. No Minimum or Maximum limit.

Office Administrator

Date