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Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from 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 credit card. You will be charged the amount indicated below each billing period. 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 the American Chiropractic College of Radiology (ACCR)
(full name)
to charge my credit card indicated below for _____ on the _____ of each **Quarter** or **Twice**
(amt) (date)
per Year (choose one) for payment of my Membership Dues.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Credit Card Information

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Expiration Date	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify ACCR 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. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.