

AUTOMATIC CREDIT/DEBIT CARD BILLING AUTHORIZATION

Family Matters Direct Primary Care and Dougherty MD use automated credit card billing for the purposes of simplicity and convenience. Payments are made directly through our secure online system, Atlas.md. Electronic statements will be sent to the email you provided upon registration. Your statement will include the monthly membership fee as well as any incidental charges.

Customer(s’) Name(s):

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PAYMENT INFORMATION

I authorize DOUGHERTY MD, PLLC to automatically bill the credit card listed below as specified:

Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: Monthly

Incidental charges, to be discussed prior to billing.

Start billing on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

End billing when: Customer provides written cancellation. A 30 day notice of cancellation is required.

Card Type (circle one): Visa MasterCard American Express Discover Other

Credit card number ending in (last 4 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(as appears on credit card)

Customer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_