



AUTOMATIC CREDIT/DEBIT CARD BILLING AUTHORIZATION

To enjoy the convenience of automated billing, simply complete the Credit/Debit Card Information section below and sign the form. **All** requested information is required. Upon approval, you will have the option to make monthly payments or set up a monthly auto-deduction. Payments are made directly through our secure link accessed through your electronic statement sent to your email. Your statement will include monthly fees and incidental charges which you will receive prior to any payments or deductions.

Member Name

PAYMENT INFORMATION

I authorize Rheumatologix, PLLC to automatically bill the card listed below as specified:

Amount: \$ _____ Incidental Charges Frequency: Monthly

Start billing on: ___/___/___ End billing when: Member provides written cancelation

Preferred Payment Method

Monthly Bank Draft

Routing Number

Account Number

Monthly (Credit/Debit Card) (Visa, Mastercard, American Express, Discover)

Credit card type: _____ Credit card number: _____ Expires: _____/_____/_____

Cardholder's name: _____ CVV (Security code) _____

I certify that I have read, understand, and agree to the terms set forth in the Rheumatologix Direct Specialty Care Member Agreement.

Signature: _____