



Retina Orange County, Inc.
Orange County's Most Advanced Retinal Care

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Recurring Payment Authorization Form

Authorize your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- I. It's convenient (saving you time and/or postage)
- II. 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. Your credit card information will be stored securely in an encrypted format using a PCIDSS certified provider. You will be charged the amount indicated on a statement sent to you at least 10 days in advance of each billing period on the last business day of each month. A receipt for each payment will be emailed to you. **Prior-notification will be provided.** You will receive notice from us at least 10 days prior to the payment being collected. Should you find a discrepancy in the amount owed, please contact us prior to the end of the month for clarification or correction.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Retina Orange County, Inc. 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/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.