

Automatic Debit Office Policy
From Checking or Savings



Please Read Carefully

As a special convenience to you, our office offers a method by which your orthodontic payments can be made automatically.

You have selected an automatic payment method in which a pre-authorized amount is automatically deducted from your checking or savings account on a monthly basis. You have the option of choosing the 1st or the 15th of the month to have your payment deducted. Your bank statement will include an itemized list of automatic deductions. This will be your proof of payment.

Please carefully consider your choice of the 1st or the 15th of the month as to which would best fit into your budget. Changes cannot be made once the auto debit has been put into effect. Automatic debiting from your account takes place within the banking system itself, not through our office. We must be notified **TEN** business days in advance of any changes.

In an emergency situation ***only***, a stop payment can be requested. However there will be a \$35.00 service charge assessed to your account. The \$35.00 will then be added to the next payment due to be debited from the account.

NON-SUFFICIENT FUNDS POLICY

There will be a \$30.00 fee automatically charged to you for any NSF transaction. Our office will place a courtesy call to notify you of the situation; if there is no response within 48 hours we will reprocess the payment, including the \$30.00 NSF fee. If returned again for insufficient funds, payments must be made in cash to our office within seven business days. Treatment will be inactivated until the matter has been resolved or the account balance is paid in full.

If your account is changed, please notify our office seven business days prior to the date the account is to be debited, otherwise, a \$30.00 NSF fee, as well as any late payment fees will be charge.

Signed _____ Date _____

Print the Name of the above signature: _____

Relationship to the Patient: _____