



I CAN PT

DOCTORS OF PHYSICAL THERAPY

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Recurring Payment Authorization Form

Schedule 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:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town).

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card/debit card. You will be charged the amount indicated below each billing period on the day you specified. A receipt for each payment will be mailed to you. 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. If the last payment is less than the authorized amount, I CAN PT will process the payment for the lesser amount. If you want the amount to be more than the agreed amount, please contact us in writing to authorize the payment change.

Please complete the information below:

I _____ authorize I CAN PT LLC to charge my credit card
(full name)

indicated below for \$_____ on the _____ of each month for payment of my account.
(day or date)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

- Visa MasterCard
 Amex Discover

Cardholder Name _____

Exp. Date _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify I CAN PT LLC 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. For I CAN PT debits to my bank account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of transaction being rejected for Non Sufficient Funds (NSF) I understand that I CAN PT may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. 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.