

Hidden Valley Orthodontics **YES!!** I'd like to sign up for
950 E. Pennsylvania Ave., Electronic Payment!
Suite A
Escondido, CA 92025
(760) 489-0330

FOR OFFICE USE	Patient Account #:		Total Liability:	
1st Payment Date	Last Payment Date	1st Payment Amount	Monthly Payment Amount	Last Payment Amount
Payments will normally be completed on the 25th of the month, or the next business day.				
Name on Account (Please Print):				
Address:				
City:		State:		Zip:
Please transfer payments directly from my:				
<input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (Attach a savings deposit slip)				
Routing # (between these symbols : :)			Account #	
I authorize Hidden Valley Orthodontics to process debit entries from my account. This authority will remain in effect until I give reasonable notifications to terminate this authorization or until the last specified payment date. I understand there will be a \$15.00 fee automatically charged to my account for any insufficient funds (NSF) transactions. I have attached a voided check or savings deposit slip.				
Authorized signature on my account:			Date:	
Please attach voided check or savings deposit slip				