

I.....
Responsible Party

of.....
Responsible Party's address

authorise **Junction Orthodontics** to arrange for funds to be debited from my credit card account, details listed below.

Payment amount: \$.....

Frequency of debit: Monthly Fortnightly Weekly Other:.....

First payment date:

Patient Name:
for orthodontic treatment

Details of Credit Card to be debited:

Card details: **Mastercard** **Visa**

Card No:

Expiry Date:

Name on credit card:

Cardholder signature:

Date:

A copy of this authority will be forwarded to you.