

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.*