

For your convenience we will keep your credit card number on file for the time you specify. Please fill requested information and mail it back in the enclosed envelope.

I _____ would like to have Dr. Guy Hanson to keep my credit card on file and bill my credit card after each visit after verbal confirmation with me or my spouse.

The credit card is _____ (Visa, MC, Discover, other)

The number is _____

The expiration is _____

The code on the back is _____

This is to be done until _____ (please specify date or until cancellation).

Patient's Signature _____