



TODT HILL PHARMACY  
SPECIALTY PHARMACY

### Credit Card 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), eliminating late charges

**Here’s How Recurring Payments Work:**

You authorize regularly scheduled charges to your credit/debit card. You will be charged the amount due for product(s)/service(s) provided to you. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an “Todt Hill Pharmacy.”

I \_\_\_\_\_ (Full Name) authorize the Todt Hill Pharmacy to make charges to my Credit/Debit Card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until Todt Hill Pharmacy has received written notification from me to cancel it. Notice must be received by Todt Hill Pharmacy at least ten days prior to the charge date in order to cancel the next payment.

Billing Address: \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Credit Card Info:**

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Todt Hill Pharmacy in writing of any changes in my account information or termination of this authorization at least 10 days prior to the charge 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. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.