



P.O. Box 1315 Waianae, Hawaii 96792
(808) 988-2188

Recurring Payment Authorization Form

GO GREEN! Schedule your payment to be automatically deducted from your bank account, or 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 checking/savings account or credit card. You will be charged the amount as indicated on your monthly statement which will be emailed to you. No waiting for the mail man. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

Checking/ Savings Account

Form with fields for Checking and Savings account information: Name on Acct, Bank Name, Account Number, Bank Routing #, Bank City/State. Includes a diagram of a routing number and account number.

Credit Card

Form with fields for Credit Card information: Visa, MasterCard, Amex, Discover, Cardholder Name, Account Number, Exp. Date, CVC. Includes images of American Express, Discover, and Visa credit cards.

Billing Address Phone#

City, State, Zip Email

I understand that my monthly payment amount specified on my monthly statement (and any other applicable charges as may be reflected on my monthly statements) will be deducted from my deposit account each month on the payment due date specified on my monthly statement.

SIGNATURE DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Doctors Answering Service LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Doctors Answering Service LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.