

Authorization for Credit Card Payments

I, _____ ; do authorize Dr. John S Kitzmiller to deduct \$ _____
from my Visa / MasterCard / Discover on the _____ day of the month.

The first payment will be paid on date of _____.

This payment will be applied to the outstanding balance of \$ _____ for the account
of _____.

Card # _____

Expiration Date _____

Security Code _____

Address on card _____

City, State Zip _____

Signature of Person Responsible: _____ Date _____

Signature of Witness: _____ Date _____