

Credit Card Signature on File Form 2020

Debora Barchilon, MD, enables you to make your payments by credit card. To facilitate processing and to permit you to authorize payments via phone, Dr. Barchilon requests that you sign below so that we can maintain your signature on file.

Please note that at no time will payments be processed without your awareness and prior consent.

I, the undersigned, acknowledge that Debora Barchilon, MD is hereby authorized to charge my credit card for payments authorized by me without obtaining any additional signatures.

Patient name: _____

VERBAL AUTHORIZATION DUE TO CORONAVIRUS _____

Patient signature: _____ Date _____

Credit card number: _____ TYPE: _____

EXP: _____ CCV: _____ Zip Code _____