



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.

I _____ authorize the Vitacare Pharmacy to make charges to my
(Full Name)

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 Vitacare Pharmacy has received written notification from me to cancel it. Notice must be received by Vitacare 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 _____

3digit-security code _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Nate's 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.