

\$15.00 finance fee applies

Client BVH Account Number: _____

Branson Veterinary Hospital

AutoPay

29 N. Wintergreen Rd*Branson MO 65616*(417)337-9777

Automated Bank or Credit/Debit Card Withdrawal Authorization Agreement

Use this form to enroll in or make changes to your AutoPay account.

I hereby authorize Branson Veterinary Hospital, Inc. to initiate funds transfers or to charge my specified card for the amount specified below and authorize my bank to honor these transfers or hereby agree to pay my credit card provider as per their terms.

Client Name: _____

Client Address: _____

Amount of payment to be withdrawn until paid in full: _____

Date of Withdraws: 1st or 15th (circle one) **Date Withdraws to start on:** _____

(date first payment should be taken out)

Choose the appropriate statement below:

- **I wish to enroll in AutoPay**

Payments will be deducted on (choose one) 1st or 15th (date of withdraws above). I have the right to stop payment of a transfer from my bank account to Branson Veterinary Hospital, Inc (for ACH checking or savings withdraws.) If funds are being transferred from my checking or savings account, I must notify the bank at least three business days before the schedule payment date. I understand that in order to stop a draft or charge from being processed through my account or credit/debit card, I must notify Branson Veterinary Hospital, Inc. no later than 10 days prior to the next withdraw in order to stop the payment. I agree to indemnify and hold harmless Branson Veterinary Hospital, Inc. for any claim arising out of transfers or deductions from my account or credit/debit card pursuant to this agreement. *For every payment returned to us for various reasons (i.e., "insufficient funds", "account closed", "account not found/unable to locate account".) there will be assessed a \$5.00 fee attached to the Declined Payment entered on your account.*

- **Please change my AutoPay account**

Branson Veterinary Hospital, Inc. agrees to discontinue drafting from your current account or credit/debit card and begin drafting from the account specified below. Change request are effective the 1st of the month. Notification must be received by Branson Veterinary Hospital, Inc. no later than 10 days prior to the next payment.

- **Please discontinue AutoPay from my policy**

Branson Veterinary Hospital, Inc. agrees to discontinue drafting from your current account or credit/debit card and begin drafting from the account specified below. I understand that if I discontinue the current agreement, I am still responsible for the balance for services rendered at Branson Veterinary Hospital, Inc. By canceling my AutoPay plan I understand that I will now be subject to financing fees for any balance left open on my client account.

Please complete the following, then sign and date below:

***ACH Bank account information:**

Account funds electronically transferred from _____ **Checking** ___ **Savings**

(Check one)

Account Number: _____ Routing Number: _____

Name of banking institution: _____

Please attach a voided check or deposit slip if available

***Credit or Debit Card transaction information:**

Type of Card (Circle One): Visa MasterCard American Express Discover

Card Number: _____ Expiration Date _____

CVV (typically found on the back of the card): _____

Name of person on bank account, debit, or credit card _____

(Please print as it appears on your bank account)

Signature of Bank or Credit Card account holder: _____ **Date:** _____