

Payment Plan Tickler Card

Patient Name _____

Total Due \$ _____ Each Payment Due \$ _____

Visa MC Amex Discover # _____ Exp. Date _____

Bank _____ Account# _____ Routing# _____

Dates: Check off when billed, then move card to next date.

___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___

___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___

I authorize \$ _____ to be automatically charged to my

CREDIT CARD DEBIT CARD BANK ACCOUNT POSTDATED/PAC CHECKS

on the _____ of each month for _____ months, until my total balance is paid.

Signature _____ Date _____