

EZ PAY AUTHORIZATION FORM



Dear Client,

We are pleased to offer the convenience of EZ Pay. Please fill out the form below to enroll.

Enrollment in this program provides you the hassle-free convenience of your bill being paid automatically ***within 24 hours of the veterinary services provided via the payment option of your choosing***. You will continue to receive your monthly statement via email including the receipt of payment of your invoice. Payments will include any outstanding bill, including any interest charges from previous balances. If errors are identified, the office would be more than happy to correct any mistakes immediately.

EZ PAY AUTHORIZATION AGREEMENT

I hereby authorize Mountain Pointe Equine Veterinary Services (MPEVS) to charge my credit/debit card account listed below to pay my recent invoice within 24 hours of service and to include any outstanding bill, including any interest charges from previous balances. I understand that these automatic payments may be cancelled if I notify MPEVS in writing prior to the next billing date. It is also my responsibility to provide MPEVS updated credit/debit card information for processing purposes.

Name on Card: _____

Billing Address: _____

Email Address: _____

Phone Number: _____

Credit Card Number: _____

Type: VISA / MasterCard / AMEX / Discover

Expiration Date: _____/_____
Security Code: _____

Signature: _____ Date: _____