



# Recurring Payment Authorization Form

Lubbock, Texas 79410 (806)795-1393

Sign and complete this form to authorize Lubbock Integrative Medical Associates to make a recurring monthly credit card payment for the membership fee. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a recurring membership fee and does not provide authorization for any additional unrelated debits or credits to your account.

### Please complete the information below:

I \_\_\_\_\_ authorize Dr. Dalton to charge via bank draft or credit card to my  
(Full Name)

account indicated below for: **\$40 /60/60+\*** recurring monthly beginning today\_\_\_\_\_  
(Today's Date) (Today's Date)

I am choosing the Simple Plan instead of the monthly membership for a onetime fee of \$1650. I understand that this will cover up to 20 Physician visits within one year to date from the time of payment. \_\_\_\_\_  
(Today's Date)

This payment is for my membership fee, I understand that this is a twelve-month commitment.

I fully understand that I must maintain my membership account in good standing, under the membership category I choose, for a period of no less than 12 consecutive months from the date my membership begins. At the end of the 12-month agreement the membership will automatically renew for a new 12-month period unless I give Dr. Dalton's office a verbal or written notice at least 30 days prior to renewal date. I understand that I will receive a 10% discount on my membership cost if I choose to pay for the full 12-month period in a single payment at the beginning of my membership period.

\*Family Rate = \$60 base rate, plus additional \$15 per child living in the household.

### Basic Member Information:

Member date of birth: \_\_\_\_\_ Full address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Additional Member Information:

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children's Names & Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Credit Card Information:

Account Type:  Visa  Master Card  AMEX  Discover

Cardholder Name: \_\_\_\_\_ Account Number \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_ CVV# : \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only to recur monthly, I agree that I may terminate my recurring payments only after I have met my mandatory initial 12-month membership period with the cost of one month's membership. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company: so long as the transaction corresponds to the terms indicated in this form. I understand that there is a \$35 charge for any payment that is returned due to NSF/declined/disputed once I authorize this.

For more information visit: [www.limalubbock.com](http://www.limalubbock.com)