

Credit Card 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)

Here's How Payments Work:

You authorize charges to your credit card. You will be charged the amount indicated below with each transaction (refill/office visit/virtual visit/family member office visit). A receipt for each payment will be emailed to you and the charge will appear on your statement as "Shaya Precision Health". You agree that no prior-notification will be provided unless the date or amount changes, in which case we will contact you first.

Please complete the information below:

I _____ authorize Shaya Precision Health to charge my credit card
(full name)

indicated below for a maximum of \$ _____ per agreed upon transactions.

Billing Zip: _____

Family Members/Other Authorized

<ul style="list-style-type: none">○ _____○ _____○ _____○ _____

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> HSA
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Other: _____
Cardholder Name: _____		
Account Number: _____		
Exp. Date: _____		
CCV: _____		
4 digit Amex: _____		

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Shaya precision Health in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that Shaya Precision Health may contact me for charge rejection to obtain a different method of payment. I certify that I am an authorized user of this credit card 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.