



### Recurring Payment 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/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 transaction for controlled substance Rx as well as office visits I verbally approve.

Billing Zip: \_\_\_\_\_

**Family Members/Other Authorized**

<ul style="list-style-type: none"> <li>○ _____</li> <li>○ _____</li> <li>○ _____</li> <li>○ _____</li> </ul>
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**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.