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Authorization for Automatic Payments

Healthy Pet Program Selected _____ Payment Amount \$ _____ Pet's Name _____

New Enrollment Renewal Upgrade Update Payment Information

I authorize the Deer Park Animal Hospital to automatically withdraw funds from my account for the amount indicated above. This authority will remain in effect until I notify you in writing to cancel. I understand that I must provide a 30 day notice of cancellation and agree to pay any remaining fees due upon cancellation.

Payment Date: 7th 21st

Verified by (Staff Initial) _____

Account Type (select one)

Credit Card: Visa MasterCard Discover American Express

Card Number _____ Exp Date: _____ 3 digits on back _____

Bank Account: Checking Savings

Name of Financial Institution _____

City & State of Financial Institution _____

Account # _____ Routing # _____

Signature

Date

Name as it appears on card

Client ID

Address- Please Print

Phone

Email