

# Personalized Health Care of Tucson

Please indicate Individual or Family, frequency of payment and type of payment:

- Individual**  Annual Payment of \$1,750 (Check or Credit Card for full amount)  
 Monthly Payments of \$145.83 (Requires Automatic Credit/Debit or ACH)  
 Prorated fee if applicable\_\_\_\_\_

- Family**  Annual Payment of \$3,000 (Check or Credit Card for full amount)  
 Monthly Payments of \$250 (Requires Automatic Credit/Debit, or ACH)  
 Prorated fee if applicable\_\_\_\_\_

**Payment Type**     Credit/Debit     ACH (Electronic Bank Payment)     Check

Personal and Billing Information	
Name	
E-mail	
Phone	
Billing address	
Credit/Debit	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX Name_____
	Card No_____
	Exp Date_____
ACH	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Name on Account _____
	Bank Name _____
	Account Number _____
	Bank Routing Number _____
	Bank City/State _____

I agree to notify Personalized Healthcare of Tucson in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), or a Credit Card Charge denial, I understand that Personalized Healthcare of Tucson may, at its discretion, attempt to process the payment again within 30 days, and agree to an additional \$35 charge for each returned payment, which will be initiated as a separate transaction from the authorized payment. I agree not to dispute recurring billing with my Credit Card Company or bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature\_\_\_\_\_

Date\_\_\_\_\_