



Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us at 410-375-6915.

customer merchant

Customer Information (to be completed by payor)

Patient's Name: _____

Contact name: _____ Run Number: _____

Email address: _____ Phone: _____

Payment Information (to be completed by merchant)

I authorize MedCare Transportation, LLC. to automatically bill the card listed below as specified:

Product/service description Agreed-upon payment plan to satisfy outstanding charges

Recurring amount _____

Frequency (check one) Once Daily Weekly Twice/month Monthly Quarterly

Start on _____ / _____ / _____ End on: (check one) _____ / _____ / _____
Month Day Year Month Day Year

No end date

Credit Card Information (to be completed by customer)

Card type MasterCard VISA Discover AMEX Other _____

Cardholder name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card number _____ Expires _____ / _____

Notify me via email when my credit card is charged. (Make sure email address above is correct.) CVV Security Code: _____

Customer's signature _____

Date _____

MedCare Transportation | 1220 E. Joppa Rd. | Suite C-506 | Towson, MD 21286
Main: 410-375-6915 | Fax: 443-275-1094 | <http://www.medcaretransportation.com>