



# Customer Authorization Recurring Auto Payment Form

To protect your personal information, submit this form via the following methods ONLY:

- Mail: 5222 Balboa Ave #21, San Diego, CA 92117, USA.
- E-mail: info@theacademyofacupuncture.com (when emailing, zip with password, then call 858 262-1521 to provide password).

Please, allow up to 10 business days for Recurring Auto Pay form to be processed. An e-mail will be sent to the email provided to notify whether form was processed or not. If not processed, form must be resubmitted with corrections. For security reasons, we do not retain/edit/update recurring Auto Pay forms.

## The Academy of Acupuncture Account Information

Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## RECURRING AUTO PAYMENT OPTIONS — Choose and complete one option

### Option 1: Credit Card Payment

Cardholder Name: \_\_\_\_\_  
AS IT APPEARS ON THE CREDIT CARD

Credit Card Billing Address: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

Credit Card #: \_\_\_\_\_ Expiration (MM/YY): \_\_\_\_ / \_\_\_\_

I authorize The Academy of Acupuncture to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my credit card charges and verify that payments are processed properly.

Cardholder Signature: \_\_\_\_\_ \* ELECTRONIC SIGNATURE NOT ACCEPTED

### Option 2: Electronic Check Payment

A copy of voided check is required for electronic check payment.

Name on Checking Account: \_\_\_\_\_  
AS IT APPEARS ON THE CREDIT CARD

Address on Check: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

I authorize The Academy of Acupuncture to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my bank charges and verify that payments are processed properly.

Bank Account Holder Signature: \_\_\_\_\_ \* ELECTRONIC SIGNATURE NOT ACCEPTED

**IMPORTANT NOTICE:** You are responsible to keep your auto payment information on file current. Please submit a new authorization form for any credit/electronic check account changes, including expiration dates. If your payment is not processed, it is your responsibility to contact The Academy of Acupuncture for information or submit a revised form with current information. The Academy of Acupuncture accounts with outstanding balances are subject to being disabled until payment is received. Please monitor your credit card/bank charges. You will continue to receive invoices for your records. Payments will be processed by the end of each month.