

Credit Card Authorization



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Placing a credit card on file with SSEC will allow two convenient options:

(please indicate your option by checking one box and **signing your initials**)

- ___ I authorize SSEC to process monthly charges automatically at the end of the billing period (last day of each month). *Itemized statements will be provided by mail.*
- ___ I authorize SSEC to place charges on filed credit card if payment not made in full within 10 days of due date.

Statements are mailed on the 1st of each month, and payment is due by the 15th of the month following service. We allow a 10 day grace period for mailing, after which accounts are past due. Payments may also be made by cash, check or money order.

AUTHORIZATION FOR CREDIT/DEBIT CARD PAYMENT

South Side Equine Clinic is authorized to keep my signature on file and charge my credit card as indicated above.

Card Type (check one) VISA MasterCard Care Credit

Cardholder Name: _____

Card Number: _____ Expiration Date: ____/____

Billing Address: _____

State: _____ Zip: _____

Phone Number: (h) _____ (w) _____ (c) _____

By signing this authorization, I acknowledge that I have read the Financial Policy and warrant that all information provided is true.

Authorized Signature: _____ Date: _____

All information is held strictly confidential