

CREDIT CARD PRE - AUTHORIZATION FORM



Due to the COVID19 Pandemic situation and to facilitate a quick and easy check out process, I (we) hereby authorize Healthy Family Dentistry to charge my credit card listed below.

Name: _____

Address: _____

Phone Number: _____

Family Members Authorized to used this Credit Card:

- 1.
- 2.
- 3.

Please circle one: Visa/MasterCard/Discover/American Express/Care Credit

Credit Card Number: _____

Expiration Date: _____

CVV: _____

Patient Signature: _____ **Effective Date:** _____