

Payment Authorization Form – PTPN Members ACH or Credit Card

Your PTPN membership dues are eligible for installment payment plans via ACH or credit/debit card. To establish an installment payment plan, please complete, initial, and sign this form. Completed form can be returned via e-mail to svoyles@ptpn.com; fax (818-737-0260); or mailed to PTPN at 26565 Agoura Road, Suite 200, Calabasas, CA 91302, Attn: Stevyn Voyles.

This form authorizes PTPN to charge the bank account or credit/debit card listed below for the scheduled amount(s) due for the billing period stated in the PTPN Member Agreement. Payments will be processed as indicated below without any further authorization from or notification to the Member. A receipt for each payment will be provided to the Member and the charge will appear on the Member's bank or credit/debit card statement.

CHARGES

INITIAL OR ONE-TIME PAYMENT:

_____ I hereby authorize PTPN to charge and collect the initial payment amount due of \$ _____.
(initial)

RECURRING PAYMENTS:

_____ I hereby authorize PTPN to charge and collect the amount \$ _____ due each month as outlined in
(initial) Membership Agreement.

Payment will be processed on the 1st day of each month.

I agree that no prior notification will be provided to me unless the date or amount changes, in which case the member will receive a 10-day notice prior to the payment being collected.

This payment is for PTPN Monthly Membership Dues effective _____.

POLICIES:

_____ Payment is considered late after the 5th day of the date due. Any balance will be collected via the payment method on
(initial) file. In the event of late payments, insufficient funds, or declined credit/debit cards, an additional fee of \$25.00 will be assessed.

The Member acknowledges a **3% surcharge fee** is assessed to credit card payments. The surcharge is in addition to the scheduled amount paid and is not greater than PTPN's total cost of accepting the credit card payment. There is no surcharge for payments by ACH, debit card, cash, check, or money order.

MEMBER INFORMATION

Practice Name: _____ PTPN # _____

Practice Address:

Practice Phone Number:

Practice Email Address:

Practice Billing Address (if different from above):

PAYMENT INFORMATION – COMPLETE ACH OR CREDIT/DEBIT CARD SECTION BELOW

ACH

Type of Account: Checking Savings

Name of Financial Institution:

Financial Institution Address:

Account Number:

Routing Number:

CREDIT/DEBIT CARD

Type of Card: Visa Master Card Discover American Express

Last four digits of Card Number:

(The full card number will be collected and registered at time of initial payment.)

Expiration Date: _____

Cardholder Name:

Cardholder Billing Address:

Please note: Upon receipt of signed Membership Renewal and Payment Authorization Consent forms, PTPN members electing to make scheduled recurring payments via credit/debit card will receive a separate e-mail correspondence from PTPN to make their first recurring payment.

I authorize PTPN to initiate ACH entries to my bank account or charge my credit/debit card as selected above for the amounts described in this form, and to credit such accounts in the event of overpayment or other adjustment. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify PTPN in writing (by e-mail sent to svoyles@ptpn.com or mail to PTPN at 26565 Agoura Road, Suite 200, Calabasas, CA 91302) of any changes to my payment information or termination of this authorization at least fifteen (15) days before the next billing date. If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that failure to keep a current payment method on file does not relieve me of any financial responsibility for fees due to PTPN. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of the bank account or credit/debit card listed above (as applicable) and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____