



WEST WICHITA FAMILY PHYSICIANS, P.A.

8200 West Central, Suite One • Wichita, Kansas 67212-9501 • 316-721-4544 • Business Office 316-721-4398

Credit Card Authorization Form

I, _____, authorize West Wichita Family Physicians, P.A. to keep my signature on file and to charge the payment type selected below for the following:

- Recurring payments of \$ _____ to be charged once a month**
- From _____ to _____ (maximum time period is six months*)**
(Date) (Date)

*This time frame is not to exceed more than 6 months and the balance should be paid in full at the end of this time period. For additional options, payment plans must be set up directly with the business office at 316-722-6260.

Payments is for the following account:

_____	_____	_____
(Patient Name/DOB)	(Account Number)	(Balance)

Total Number of Payments Authorized _____ (not to exceed six)

Payment Type: Credit Card Debit Card

Card Type: Visa Discover Card MasterCard

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____ **Date:** _____

Credit Card Number: _____ Exp. Date: _____

Three Digit Security Code (on the back of your card): _____

Email Address _____

All information below the dotted line will be destroyed following the first payment transaction. The information above the dotted line will be stored into your patient documents in agreement of payment authorization. If at any time you want to stop recurring payments or have any questions regarding your recurring payments you must contact our business office at 316.722.6260. All financial information will be kept on file by Merchant Services. Merchant Services is a third party vendor WWFP is contracted with to process your payments. WWFP will only store your personal signature authorizing us to allow Merchant Services to process your payment. To maintain a secure transaction environment, Merchant Services must comply with Payment Card Industry Data Security Standards. If you have any concerns with the use of your financial information for the purpose of payment processing do not sign this form.