



950 N Cole Rd
Boise, ID 83704
208-323-2727

Auto Payment Authorization Form

Here's How Auto Payments Work:

You authorize Everything CPAP to charge your credit card in the amount indicated on your invoice for monthly PAP Rentals or Supplies. You will receive an invoice each month when an amount is due. Everything CPAP will charge your credit card on the date printed on your invoice. The charge/s will appear on your credit card statement. You may request a receipt from Everything CPAP at anytime.

Please complete the below information

I _____ authorize **Everything CPAP** to charge my credit card indicated below
(full name)
on the date printed on my invoice that has been mailed or emailed according to my preference.

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify Everything CPAP in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card account and will not dispute the scheduled transactions with my bank or credit card Company; provided the transactions correspond to the terms indicated in this authorization form.

Signature _____ **Date** _____

This portion to be cut and shredded after payment information has been recorded into Everything CPAP's secured payment portal. Credit card information will not be scanned into the patient chart.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____				
Card Number:	CVC		_____	
Expiration Date (mm/yy): _____				
Cardholder Postal Code (from credit card billing address) _____				