



18209 SR 410E #300 Bonney Lake, WA 98391

253.826.8800

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Rainier Care Recurring Payments Work:

You authorize regular monthly charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Rainier Dental to charge my credit card
(full name)

indicated below for \$_____ on the 5th of each month for payment of my Rainier Care membership. If my card is declined, I understand I will be billed a \$10.00 rebilling fee. There will also be a \$50.00 one time per family set up charge to be billed on the first billing.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

- Visa
- Amex
- MasterCard
- Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CCV code _____

Names of Participants:

I have read the above thoroughly and have had all questions answered to my satisfaction.

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Rainier Dental in writing of any changes in my account information or termination of this authorization at least 10 days prior to 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 certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.