



RECURRING PAYMENT AUTHORIZATION

I, _____, authorize Premier Vet Alliance Limited to charge my credit card/bank indicated below the fees outlined on page 1 of this Agreement on the _____ * day of each month for payment of my Pet Care Plan.

***You can choose a preferred payment date from 1st-15th.**

Credit or Debit Card

Visa Mastercard Amex Discover

Name on Card: _____

Card No. _____

Exp Date: CV Code: _____

Credit Card Billing Address (if different from first page):

Address line 1: _____

Address line 2: _____

City: _____

State: _____ ZIP Code: _____

Credit or Debit Card

Visa Mastercard Amex Discover

Name on Card: _____

Card No. _____

Exp Date: CV Code: _____

Credit Card Billing Address (if different from first page):

Address line 1: _____

Address line 2: _____

City: _____

State: _____ ZIP Code: _____

Signature: _____

Date: _____

TERMS OF AUTHORIZATION

1. I understand that the authorization will remain in effect for a period of 12 months and will automatically renew for an additional 12 months unless it is cancelled in writing 60 days prior to the anniversary of this agreement, and agree to notify the veterinary clinic in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or Credit Card Company so long as the transactions correspond to the terms of this Agreement.