



# MCPAC CONTRIBUTION

(PERSONAL ACCOUNTS ONLY)

4620 W. 77<sup>th</sup> Street, Suite 100 ~ Edina, MN 55435 ~ Phone: 952-882-9411 ~ Fax: 952-882-9397 ~ www.mnchiro.com

## EASY PAYMENT PLAN

### Credit Card Authorization for Automatic Payment

Name: \_\_\_\_\_

Charge My Card the following Amount: \$ \_\_\_\_\_ per Month One-Time Charge

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Type:      Visa              MasterCard              American Express              Discover

Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Pin: \_\_\_\_\_ (3 digit-MasterCard, Visa, Discover; 4 digit- American Express)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this Easy Payment Plan form, I understand that my credit card will automatically be charged the amount stipulated above according to the amount and timing designated. In order to maintain my account current, I will inform the organization of any changes that will affect the automatic processing of this authorization.

**If this is a monthly contribution, I authorize my credit card to be charged the designated amount each month until I notify the organization that I would like the contribution to be discontinued.**