DENTISTRY
AT MILLENNIUM PARK™

(312) 750-9000
www.datmp.com

Credit Card Authorization Form

I authorize Dr. Nanditha Ranganathandba Dentistry at Millennium Park to have my credit card number on file and to use the card for payment of my outstanding balance.

Credit Card Type:

[ ] Visa [ ] Mastercard [ ] Discover [ ] American Express

Name as it appears on the Credit Card:_____

Telephone Number associated with the Credit Card: ( )_____-_____

Address where Credit Card Statement is sent to:

_____

_____, _____ _____

City State Zipcode

Credit Card Number: _____

Security Code: _____ Expiration Date:_____/_____/_____

3 digits on back of card or
4 digits on front of American Express Card

*Please Choose Charge Date: [ ] 1st or [ ] 15th of the month

Signature:_____Date:____/____/_____

This authorization will remain in force unless we receive notice, in writing, to terminate this agreement.

*Note: your credit card will be charged your outstanding balance AFTER your insurance has paid their portion, on the first business day on or after your chosen date.