



Northwest Pediatric Care
3950 Cobb Parkway NW
Acworth, GA 30101
678-899-0487
<https://nwpediatriccare.com>

CREDIT CARD ON FILE AUTHORIZATION FORM

This is for you to allow Northwest Pediatric Care to keep your credit card information on file for future payments of all services and fees. This applies to fees of \$10 or more.

Northwest Pediatric Care accepts: Visa, Discover, Master Card and American Express.

Credit Card Information

* Card Type (please circle one):

Visa **Discover** **Master Card** **American Express**

Name on Card: _____

Card Number: _____

Expiration Date: _____ **CVV Code (security code):** _____

Please list anyone other than the card holder that is authorized to use this card

Name: _____

Date: ____/____/____

I (print name) _____ hereby authorize Northwest Pediatric Care to charge the credit card listed above for the future payments of all services and fees. This credit card will be kept on file and will remain in effect until the expiration date of the credit card. The authorized user may revoke this credit card on file authorization at anytime. A new form must be submitted if any information such as credit card expirations or authorized users is amended.

Cardholder Signature: _____ **Date:** ____/____/____

Authorization Revocation Date (if applicable): ____/____/____

Northwest Pediatric Care Staff Signature: _____ **Date:** ____/____/____