

Credit Card Authorization

One Time Payments

I authorize the Birthing Center of New York to charge my credit card for the services/products provided and or for any open balances due on my account. This is a one-time charge authorization.

Recurring Billing

I authorize the Birthing Center of New York to charge my credit card for the services/products provided and or for any open balances due on my account. This is a periodic/blanket charge authorization for any and all services/products/open balances on my account and I authorize The Birthing Center of New York to keep my credit card on file for any and all future charges until such time as I cancel this authorization in writing.

Authorization

I hereby authorize The Birthing Center of New York, Inc. to charge the indicated credit card. I agree that this is either a one time or periodic charge that will be made as indicated above. To terminate the recurring billing process, if selected, I must do so in writing/email. I will not dispute The Birthing Center of New York's recurring billing with my credit card issuer so long as the amount in question was for service rendered, products ordered and or open balances. I agree that I will not dispute any charges from The Birthing Center of NY unless I have already attempted to rectify the situation directly with The Birthing Center of NY and those attempts have failed. I authorize The Birthing Center of NY and their sponsoring agency to run an address verification search. This verification process is a security measure to protect me, the client, from illegal fraud against my credit card. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this one time or recurring billing agreement with The Birthing Center of NY.

First Name _____

Last Name

Your Signature _____