



Fax To - 800.950-7070

Phone - 888.455.2022

Recurring Payment Authorization Form

Company Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Schedule your payment to be automatically withdrawn via ACH or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled ACH transfers or charges to your credit card. You will be charged the full current amount due on your previous statement on the 10th of each month to guarantee your prompt pay discount. You agree that no prior-notification other than your previous month's statement will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. ACH transactions are FREE. All credit card transactions will incur a 3.5% courtesy fee.

Please complete the information below:

I _____ authorize Eye-Kraft Optical, Inc. to charge my credit card or withdraw
(full name)

(or credit when necessary) electronically from my approved ACH accounts indicated below for the current balance due on my Eye-Kraft account, number _____ on the 10th of each month for payment of my lab services bill.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card - 3.5% courtesy fee

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |

Cardholder Name _____

Account Number _____

Exp. Date _____

ACH Withdrawal - Free!

- | |
|-----------------------------------|
| <input type="checkbox"/> Checking |
| <input type="checkbox"/> Savings |

Account Holder(s) Name _____

Account Number _____

Routing Number _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Eye-Kraft Optical, Inc in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. 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 indicated in this authorization form.