



North Shore Center, LLC

CREDIT CARD ON FILE BILLING AUTHORIZATION FORM

Please complete this form if you would like North Shore Center, LLC to keep your credit/debit card on file for future appointments/monthly payments. You may elect to provide us payment information with each visit if you do not wish us to keep your information on file. You may also cancel this automatic billing authorization at any time.

Patient Name

Cardholder Name

Visa/Mastercard/Discover

Card Number

Expiration Date

Authorized Signature

Security Code

We do not share information provided to us with any third party. We take special care to ensure that all account and personal information is held in the strictest confidence.