

Credit Card Authorization Form

Ye Beverly Du, MD, MPH, PLLC

Effective ___/___/_____, I _____

authorize Dr. Ye Beverly Du to bill my credit card for services rendered to the following individual, along with convenience fees of 3.5%.

Name of Patient:

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: ___/___/_____

3 Digit Code: _____

Card Holder's Signature:

Relationship to Patient:

This authorization may be revoked in writing or verbally at any time.

*Please include a copy of cardholder's drivers' license.