

# MONTHLY PAYMENT PLAN FORM



Name / Account number: \_\_\_\_\_

Phone: \_\_\_\_\_

TOTAL DUE on account today: \$ \_\_\_\_\_

Number of payments:

Office Use Only

*\*90-days same as cash vs. 1.5% interest per month  
(from invoice date)*

Due Date	Amount	<input checked="" type="checkbox"/>
MM/DD	\$0.00	<input checked="" type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>

Payment Amount: \$ \_\_\_\_\_

Payment Due Date:

Method: **Credit Card**  
(Complete Payment Information below)

**ACH**  
(Complete ACH Agreement)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

PAYMENT INFORMATION

\*\*\*\*\*

Select one:  **VISA**     **DISCOVER**      **mastercard.**     **AMERICAN EXPRESS**

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_/20\_\_\_\_ Security Code: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Billing address: \_\_\_\_\_

**IMPORTANT**

The undersigned hereby declares that the credit information listed is true and accurate as stated. This form authorizes Doty Pruett Wilson, PC to use this information for payment purposes and shall remain in effect until the account is paid in full or I revoke authorization in writing. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

Signature of Card Holder

Date

# ACH Agreement

I hereby authorize Doty Pruett Wilson, PC to initiate debit entries to my account in the amount of \$            per month.

Payments are to be debited on a monthly basis on the \_\_\_\_\_ day of the \_\_\_\_\_ appropriate month or next following business day.

I understand that this authority is to remain in full force and effect until I notify Doty Pruett Wilson PC in writing to cancel it in such time as to afford Doty Pruett Wilson PC a reasonable opportunity to act on it. I have the right to stop payment of an automatic payment by notification to Doty Pruett Wilson PC five (5) business days before my account is to be charged. I further agree that any Payments returned NSF or Unpaid shall be subject to a Return Fee of \$35.00 and that my account may be electronically debited to recover both the Returned Payment and the Return Fee.

## Banking Information

Financial Institution Name and Branch:

City:

State:

Zip:

Name of Account Holder and Account Number:

Routing Number:

Account Number:

Account Type: (Select One)

CHECKING     SAVINGS

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**THANK YOU**

*(Option: attach a voided check and skip completing the Banking Information)*