## 

□ New Authorization □ Payment Amount Change □ Account Information Change

PAYEE FIRST NAME PAYEE	AST NAME	ACCOUNT #
SOCIAL SECURITY NUMBER DATE	F BIRTH PHONE	
BILLING ADDRESS CITY	STATE	ZIP
<ol> <li>Membership in the Pet Health Club is valid for one (1) year from enroll before the end of the year you (payee) are responsible for the remaining used during membership. If membership is canceled, except for the eve fee of \$60.00 and the first month payment is required at the time of sign 2. All payment must be made via automatic recurring credit/debit card of 3. All ACH payments and credit/debit cards are electronic and are debite 4. In the case of an ACH transaction being rejected for Non Sufficient Fu to process the charge again within 30 days, and agree to an additional transaction from the authorized recurring payment. You acknowledge that of U.S. law.</li> <li>Membership will automatically renew each year unless you notify us. Ye 6. Refunds will only be given in the event of pet demise. You will be charge rate of the club. If the total amount of payments made through this agree outstanding until the balance is zero.</li> <li>All services, medications, and emergency fees outside the plan must be and the plan must be</li> </ol>	bayments for that year or you may pay full price for s at of pet demise, there will be a 15% early termination p. There will not be an enrollment fee at renewal or will checking/savings ACH. If from your account on the 10th of each month or ne ds (NSF) I understand that Western Veterinary Clinic \$20 charge for each attempt returned NSF, which with the origination of ACH transactions to my account mu the origination of ACH transactions to my account mu u will be notified prior to yearly renewal if the monthly ad only for the services that were performed and will l ement is less than the charges for the services perfor	services and repay discounts on fee. A one-time enrollment with the addition of other pets. ext available banking day. e may at its discretion attempt will be initiated as a separate ust comply with the provisions or recurring charge will change. be charged at the discounted
PET ENROLLMENT		
PET NAME DOCTOR	— □ GOLD CLUB □ KITTEN CLUB □ PLATINUM CLUB	MONTHLY PAYMENT
DO YOU HAVE ANY OTHER PETS ENROLLED IN THE PET HEALTH O	LUB?	IS:
PAYMENT METHOD (10th of the month or the next available bank	g day.)	
CREDIT CARD	DIRECT BANK PAYME	<u>NT (ACH)</u>
UVISA MASTERCARD DISCOVER		SAVINGS
NAME AS APPEARS ON CARD	NAME ON ACCOUNT	
	1	
		BANK CITY/STATE
EXP DATE (MMYY) BILLING ZIP CODE		
	BANK ROUTING NUMBER (9-DIGITS)	
DPP START DATE:	TOTAL MONTHLY PAYMEN	IT:
I hereby authorize Western Veterinary Clinic to initiate debit entries an error to my/our checking/savings account or credit/debit card indicate the same such account. I understand that this authorization will remain in writing of any changes in my account information or termination of the payment dates fall on a weekend or holiday, I understand that the pay I understand and agree to Western Veterinary Clinic's Direct Payment	d above. I also authorize the bank or card named n effect until I cancel it in writing, and I agree to not s authorization at least 15 days prior to the next bil nents may be executed on the next business day.	above to debit and/or credit tify Western Veterinary Clinic lling date. If the above noted

I understand and agree to Western Veterinary Clinic's Direct Payment Plan Agreement. I understand that if I cancel the Pet Health Club the Direct Payment Plan agreement is still effective and my account will remain in active payment until the outstanding balance is zero. I certify that I am an authorized user of this credit card or bank account and will not dispute the scheduled transactions with my bank or credit card company, provided the transaction corresponds to the terms indicated in this authorization form.

X
PAYEE SIGNATURE