

## Northwest Podiatric Laboratory **Automatic Payment Authorization**

**Customer account number (if applicable):** \_\_\_\_\_ **Practice/doctor name:** \_\_\_\_\_

Monthly statement amount on the 10th of each month.

### **Option #1: Electronic Check (ACH) \*US Bank Accounts only**

Bank name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_ Savings      Checking

### **Option #2: Credit Card**

*Please enter your credit card details exactly as shown on your credit card billing statement.*

Credit card type:      Visa      Mastercard      American Express      Discover

Credit card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### **Authorization**

I authorize Northwest Podiatric Laboratory, Inc. to process my payment using the method selected:

Name of authorized signer (please print): \_\_\_\_\_

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

*This authorization can be stopped at any time by contacting Northwest Podiatric Laboratory at the address listed below.*

**Please complete and return this form to Account Receivable,  
via fax at 360-332-5306 or email at AR@nwpodiatric.com.**