



Contract Auto Draft Change Form and Authorization Agreement

Name:		Record Number:	
Marquis Location:			

Please update my auto draft for monthly payments to The Marquis Center/ Doctors Implants.

Account information

Name on Account:	
Address associated with the bank/ card account:	
Name of Financial Institution:	
Type of Account	<input type="checkbox"/> Bank Draft <input type="checkbox"/> Debit Card <input type="checkbox"/> HSA Card
Routing Number:	
Account Number:	
Debit or HSA Card Number*:	
Card Expiration Date:	
Draft Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly
Draft Amount:	
Effective Date of the Change:	

*Note: only bank debit cards or HSA Cards may be used to make monthly loan payments.

Attach a VOIDED check or ACH print out from the bank for ACH.

Signature

I authorize The Marquis Center (TMC)/ Doctors Implants to change the auto draft set up on my behalf in relation to my Contract Agreement and to debit the financial institution as instructed above. This agreement will remain in effect until TMC receives a written notice of cancellation from me or my financial institution, my debt is paid in full, or I submit a new Authorization Agreement for my debt. I further authorize TMC to send an account verification transaction \$1.00 or less to my account referenced above to verify validity of the account. This transaction will apply to the principal balance on my loan.

I have read this Authorization Agreement and agree to all the terms and conditions herein.

Authorized Signature (Primary): _____ Date: _____