

## CREDIT CARD ON FILE (CCOF) AGREEMENT

At WeeCare For Kids, we require a credit card on file. This is a convenient method of payment for the portion that your insurance doesn't cover, and for which you are liable. **Statements will no longer be mailed to your family.**

Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed and processed by your insurer.

**I, the undersigned, authorize and request WeeCare For Kids to charge my credit card, indicated below, for balances due for services rendered.** This authorization relates to all payments not covered by my insurance company for services provided to my children by WeeCare For Kids and charges from their office policies such as no-show or late cancellation fees.

It is my responsibility to notify Weecare For Kids of any updates or changes to the credit card on file associated with this agreement as soon as possible. **I understand that there is a \$25 fee for any invalid or rejected cards.**

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to WeeCare For Kids in writing and the account must be in good standing.

Mastercard       Visa       HSA/HRA       AMEX/Discover  
\$5 Convenience Fee per transaction

Last 4 numbers of credit card \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Cardholder Name \_\_\_\_\_  
Print

Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Phone Number \_\_\_\_\_

Email address (for emailed receipts) \_\_\_\_\_

Signature \_\_\_\_\_

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

Office Use:

Account # \_\_\_\_\_

CCOF Vaulted

MicroMD

Child Name