



## AUTOMATIC PAYMENT AUTHORIZATION FORM

I \_\_\_\_\_ authorize ORTHOTIC HOLDINGS INC to withdraw funds from my credit card or bank account automatically on the 1<sup>st</sup> 15<sup>th</sup> (please circle) of each month.

Account #: \_\_\_\_\_ Account name \_\_\_\_\_

**CREDIT CARD:** Visa Mastercard American Express

NAME ON CARD \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CARD CV2 # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

**ACH BANK WITHDRAWAL:** (US Customers)

NAME ON ACCOUNT: \_\_\_\_\_

ROUTING # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax to 631-392-7132 or email to [accounting@ohi.net](mailto:accounting@ohi.net)

The OHI Family of Brands

