

Automatic Monthly Credit Card Payment Application

Johnson Memorial Health Services

1282 Walnut Street

Dawson, MN 56232

320-769-4393

I authorize Johnson Memorial Health Services (JMHS) to automatically charge my credit card listed below to go towards my outstanding balance.

(Signature)

(Date)

This authorization is to remain in effect until my balance is paid in full.

Credit Card Type: _____ (Discover, VISA, etc)

Card Number: _____

Expiration Date: _____

Effective Date: _____

Name as it appears on the card: _____

Authorized Signature: _____ **Date:** _____

Home Telephone Number: _____ **Work:** _____

Home Address: _____

Monthly Payment Amount: _____

For Office Use Only:

