



Auto Pay Authorization

Statement of Intent:

"My signature below authorizes NorthStar Orthodontics, Inc. to automatically charge my most recent monthly statement balance to the credit card I provide. NorthStar will send me a statement with a postmark of no later than the 3rd of each month and I will review it for accuracy. If I do not have any questions, the credit card charge will be submitted on or after the 10th of the month."

Name on Card (print): _____

Address: _____

City, State, Zip: _____

NorthStar Account #(s):

Credit card Information:

For your privacy and security, you may supply your credit card information to us in whatever manner you choose. Please include the credit card number, expiration date, and 3 or 4 digit security code.

My credit card details will be:

_____ Phoned in to 800-346-0011 (suggested method)

_____ Faxed to 800-346-0011

_____ Mailed to address below

Return this completed form to: NorthStar Orthodontics, Inc.
Attn: Accounts Receivable
PO Box 146
Park Rapids, MN 56470

Signature: _____

Date: _____

Title: _____