



Plans:

8223 Marbach, Suite 102 8110 W Loop 1604 N., Suite 102
San Antonio, TX 78227 San Antonio, TX 78254

- Gold
Silver
Bronze
Pre-Paid

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank savings/checking account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be available upon request and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I (full name) authorize Alamo City Urgent Care, LLC to charge my bank acct. indicated below for \$ (day or date) on the of each month for the next months for payment of my membership.

Billing Address

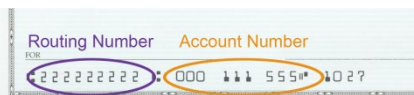
Phone#

City, State, Zip

Email

Checking/ Savings Account

Form with checkboxes for Checking and Savings, and fields for Name on Acct, Bank Name, Account Number, Bank Routing #, and Bank City/State.



I, understand that if I dispute any charges related to this Membership Agreement, before I send a cancellation email to ACUCmemberships@gmail.com, I will be subject to fees incurred to Alamo City Urgent Care, by my banking institution. If I decide not to call Alamo City Urgent Care to clear up any fees caused by my actions, the account may be sent to a collection agency to settle the dispute. If I have any questions about the payment of my Membership Agreement, I will call Alamo City Urgent Care and speak directly with a Team Member. Alamo City Urgent Care can be reached at 210.941.2282 or ACUCmemberships@gmail.com.

Signature

Date

SIGNATURE

DATE

I understand that this authorization will remain in effect until I cancel it in writing by emailing acucmemberships@gmail.com, and I agree to notify Alamo City Urgent Care, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Alamo City Urgent Care, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional Fifty Dollars (\$50) charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. with the provisions of U.S. law.