



PREFERRED METHOD OF MONTHLY PAYMENT

MADE PAYABLE TO DR. TORI MATTHYS

In order to help you with your monthly payment preference, we would like for you to note below the payment processing method you would prefer.

PLEASE CIRCLE YOUR PREFERENCE

1. Mail or bring in payment monthly payable to Dr. Tori Matthys (Note: Statement reminders will only be mailed if your account is 30+ days past due).

2. Automatic monthly payment via DEBIT/CREDIT card.

A. Date to be processed? 1st of MONTH / 15th of MONTH

B. Receipt sent to you? YES / NO Mail or Email: _____

* If your choice is Auto monthly payment, please write your card # below.

CARD # _____ CARD TYPE: _____

EXP. DATE _____ 3-DIGIT CODE (REVERSE CARD): _____

CARD HOLDER NAME: _____

PATIENT NAME: _____

MONTHLY CHARGE: _____ 1ST PAYMENT DUE: _____