



Monthly Auto-Payment Plan

Dear Client,

For your convenience, we accept American Express, MasterCard, Visa, and Discover Card for payment of your testing at the Animal Health Diagnostic Center (AHDC). To authorize using your credit card with us, please fill out the slip below and attach it to your submission form or fax it to the attention of AHDC Billing Services.

We offer a *Monthly Auto-Payment Plan* to our clients who prefer to pay monthly invoices by credit card. If you would like to participate in this plan, complete the form below and fax or mail it to the AHDC. You may also enroll by telephone. On the first business day after the close of each month, we will charge your AHDC account balance against the credit card you specify. Your credit card information is kept in a secure file and will be used unless you notify us of a change. It is *your responsibility* to notify us when the card number and/or expiration date changes. You will also receive a zero-balance invoice detailing testing completed during the month. If there is a problem with processing your payment, a notation will be made on your invoice.

Should you have any questions regarding this program or any of your monthly invoices, please feel free to contact Billing Services (see contact numbers in the page header) between 8:30am and 4:00pm Eastern time Monday through Friday.

 Send this completed form to: AHDC Billing Services, PO Box 5786, Ithaca, NY 14852-5786

Animal Health Diagnostic Center (AHDC)	
MONTHLY AUTO-PAYMENT PLAN*	
Your AHDC Account No. _____	Amount <u>Monthly Balance</u>
Clinic/Vet's Name _____ <small>(as it appears on your invoice)</small>	
Cardholder's Name _____ <small>(Please print as the name appears on the credit card)</small>	
Credit Card No. _____	
CSV Code (3 digits on back of card) _____	Expiration Date _____
Cardholder's Signature _____	Date _____