



VITALITY CENTERS NW

*Spokane Vitality Center
Vitality Men's Center*

Tapio Center
104 S. Freya St.
Lilac Flag Building, Suite 217
Spokane, WA 99202

Ph (509) 279-5738 Fax (509)290-6305

YOU ONLY NEED TO FILL OUT THIS FORM IF YOU WANT TO USE A DIFFERENT PAYMENT METHOD THAN ON THE "INITIAL PAYMENT FORM" PAGE

Spokane Vitality Center charges an annual service fee. Please choose one of the following:

_____ \$900 payment, due annually – please complete the form, excluding *date of withdrawal

_____ \$83 payment, due monthly – please complete the form, including *date of withdrawal

Here's how the Direct Payment Plan works:
You authorize regularly scheduled payments to be made from your chosen credit/debit card account. Your payments will be made automatically on the specified day. Proof of payment will appear on your credit card statement. You will also receive an email receipt when your payment clears. The authority you give to charge your account will remain in effect until you notify us, in writing, to terminate the authorization.

The Direct Payment Plan is dependable, flexible, convenient, and easy. To take advantage of this service, complete the authorization form below and return it to us.

All you need to do is fill in this form.

NOTE: Be sure to sign at the bottom!

Please complete the information below

I authorize Spokane Vitality Center to initiate electronic payments from my (choose one):

_____ Visa _____ MasterCard _____ Discover

for payment of my **\$83.00 monthly fee** towards my annual SVC bill.

I acknowledge that the origination of credit card transactions to my account must comply with the provisions of US law. This authority will remain in effect until I have cancelled it, in writing.

Patient Name: _____ Date _____

Credit Card Number: _____

Expiration date: _____ Preferred date of withdrawal (circle one): 1st 10th 20th 28th

E-mail address: _____

Signature: _____