Credit / Debit Card on File Authorization

For families with commercial (private) insurance. Not required for Medical Assistance (Medicaid) or CHIP-only families.

I authorize Franklin Pediatric Associates to keep my card securely on file with its payment processor and to charge it for amounts I owe after my insurance processes each claim, as follows:

- Charges of $40 or less may be made without contacting me first. I will receive a receipt for every charge.
- For amounts over $40, the office will contact me before charging the card.
- My card number is stored only in the secure, encrypted payment system — never on paper and never in the medical chart. Staff cannot see my full card number.
- I may update my card, dispute a charge, or cancel this authorization at any time by calling 814-437-1541 or telling the front desk in writing. Canceling does not erase balances I already owe.

Cardholder name: _____

Card type: ☐ Visa ☐ Mastercard ☐ Discover ☐ Amex ☐ HSA/FSA: _____

Billing ZIP code: _____

[Card number and expiration are entered directly into the secure payment terminal by the cardholder — do not write them on this form.]

Children covered by this authorization:

_____

Cardholder signature _____

Date: _____