

# Texas Sports Medicine / Kings Baseball

## Credit Card Payment Authorization

You authorize regularly scheduled charges to your Credit Card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card Account Statement. 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.

I \_\_\_\_\_ authorize Texas Sports Medicine Center, HCA Healthcare to charge my Credit Card below for \$175.00 beginning on \_\_\_\_\_ (Date) every 4th Monday of the Month.

### Billing Details

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Credit Card Information

Visa - MasterCard - AMEX - Discover

Cardholder's Name - \_\_\_\_\_

Credit Card Number - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date - \_\_\_\_\_ / \_\_\_\_\_

Security Code (CVV) - \_\_\_\_\_

Individual's Signature \_\_\_\_\_ Date \_\_\_\_\_