Credit Card Authorization & Recurring Payment Disclosure

Provider: Lux Smiles Dental

Billing Frequency: Annually (Once per year)
By signing below, you authorize **Lux Smiles Dental** to securely store your credit card information and automatically charge your designated account on an annual basis.

- **Authorized Amount:** You will be charged the standard annual renewal fee of **$_____.__** for your dental membership/wellness plan.
- **Billing Cycle:** Your card will be charged immediately for your initial term, and automatically on your anniversary date each subsequent year (on or about **_____, _____**).
- **Notification:** Lux Smiles Dental will send a reminder email to your address on file at least **15 days prior** to your annual charge, confirming the upcoming payment amount and date.
- **Cancellation Policy:** You may cancel this automatic renewal at any time. To prevent the next scheduled annual charge, you must submit a written cancellation request or call our office at **540-723-7323** at least **5 business days** before your scheduled billing date. Past payments are non-refundable.
- **Account Changes:** You agree to promptly update your billing information (such as an expired card or changed billing address) by contacting our office. If a charge is declined, a late fee or administrative fee of **$_____** may apply, and your plan benefits may be suspended until payment is resolved.

Customer Consent:
I have read, understood, and accept the terms of this annual recurring charge disclosure. I authorize Lux Smiles Dental to charge my card as detailed above.

Name (Printed): _____
Cardholder Signature: _____ Date: _____

Credit/Debit Card number: _____

Exp date: _____ CVC: _____ Zip Code: _____

Members:

Name: _____ DOB: _____ Plan: _____
Name: _____ DOB: _____ Plan: _____
Name: _____ DOB: _____ Plan: _____
Name: _____ DOB: _____ Plan: _____
Name: _____ DOB: _____ Plan: _____