

Direct Answers To Questions About Electronic Payment

Q. What is Electronic Payment?

A. Electronic Payment is *automatic* bill payment. Your payment is deducted automatically from your checking or savings account. You can avoid the hassle of writing or mailing checks!

Q. What is the advantage of Electronic Payment?

A. It saves time! It saves work! It simplifies your life! Paying bills is a time-consuming chore. Electronic Payment takes it off your hands.

Q. How can you transfer money from my account?

A. Once you authorize the amount and payment schedule, the funds are electronically transferred from your account to our practice's account.

Q. When is the Electronic Payment transferred from my account?

A. On its due date. You never have to worry about forgetting a payment or mailing it on time!

Q. If I do not write checks, how do I keep my checkbook balance straight?

A. Since your payment is made at a pre-established time, you simply record it in your check register on the appropriate date.

Q. Without a canceled check, how can I prove I made my payment?

A. Your bank statement gives you an itemized list of electronic payments. It's your proof of payment.

Q. Is Electronic Payment risky?

A. Electronic Payment is less risky than check payment. These types of transactions can not be lost, stolen or destroyed in the mail, and it has an extremely high rate of accuracy.

Q. What if I change bank accounts?

A. Notify us and we'll give you a new authorization form to complete.

Q. How much does Electronic Payment cost?

A. It costs you nothing! Plus, you save the cost of stamps, checks and envelopes.

Q. What if I try Electronic Payment and don't like it?

A. You can cancel your authorization for Electronic Payment by notifying us at any time. But, once you've enjoyed the convenience, time and money savings of Electronic Payment, we doubt you will want to go back to paying bills the way you did before.

Q. How do I sign up for Electronic Payment?

A. Complete and sign the authorization form below and return it to our office along with a voided check or savings deposit slip.

Robert E Chavez DDS &

Andrew S Chase DMD

YES! I'd like to sign up for Electronic Payment!

FOR OFFICE USE		Patient Account #:		Total Liability:	
1st Payment Date	Last Payment Date	1st Payment Amount	Monthly Payment Amount	Last Payment Amount	
Preferred payment date: <input type="checkbox"/> 1st					
Name on Account (Please print):					
Address:					
City:		State:		Zip:	
Please transfer payments directly from my: <input type="checkbox"/> Checking account (Attach a voided check) <input type="checkbox"/> Savings account (Attach a savings deposit slip)					
Routing # (between these symbols I:):			Account #:		
I authorize Robert E Chavez DDS & Andrew S Chase DMD to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date. I understand there will be a \$20.00 fee automatically charged to my account for any insufficient funds (NSF) transactions. I have attached a voided check or savings deposit slip.					
Authorized signature on my account:				Date:	
● Please attach voided check or savings deposit slip ●					