



# Mt. Airy Children's Dental Associates

*Pediatric Dentistry and Orthodontics for Children and Adults*

David M. Hasson, D.M.D., P.A. and Associated Specialists in Pediatric Dentistry

Stuart A. Sheer, D.D.S. Diplomate, American Board of Orthodontics

## AUTOMATIC PAYMENT FORM

Re: Patient(s) \_\_\_\_\_

I authorize Mt. Airy Children's Dental Associates to keep my signature on file and to charge my credit card for the following:

- MasterCard
- Visa
- Discover
- American Express

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code: (3 digit code on back of card) \_\_\_\_\_

Recurring charge of: \$ \_\_\_\_\_ to be charged: \_\_\_\_\_ time(s) per month

on: \_\_\_\_\_ until paid in full.

Date/Day

### Cardholder Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**\*\*\*Office Use\*\*\***

Account # \_\_\_\_\_ Recurring charge of \$ \_\_\_\_\_

to be charged on \_\_\_\_\_ beginning \_\_\_\_\_

*Specialists in Pediatric Oral Healthcare and Orthodontics for Children and Adults*

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