



Orange City Area  
Health System

INTEGRITY • INNOVATION • INSPIRATION

1000 Lincoln Circle SE  
Orange City, IA 51041  
Phone: 712.737.5200  
Fax: 712.737.5354

### AUTHORIZATION FORM FOR AUTOMATIC PAYMENTS

Account number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Phone number: \_\_\_\_\_

Amount of payment: \_\_\_\_\_

Monthly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_ Weekly: \_\_\_\_\_ (select one)

Date of first payment: \_\_\_\_\_

Total number of payments: \_\_\_\_\_

Visa:  MasterCard:  Discover:  AmEx:

Name on card: \_\_\_\_\_

Last 4 digits of card: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing address: \_\_\_\_\_

I authorize Orange City Area Health System to process a recurring payment to my credit card according to the above information. By signing below, I confirm that I am an authorized signatory on the credit/debit account.

Signature (as it appears on the credit card): \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this form and email to: [Amanda.Lenz@ochealthsystem.org](mailto:Amanda.Lenz@ochealthsystem.org) or mail to the above address for OCHAS. Once we have received the completed form, you will receive a call to confirm and begin the automatic payment process.