



THE
Hearing
Center

CREDIT CARD or CHECKING ACCOUNT AUTHORIZATION

Amount: \$ _____ Day of the month: _____

CREDIT CARD

I hereby authorize The Hearing Center to charge my credit card:

VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number

Exp Date: ____/____/____ CCV: _____

CHECKING ACCOUNT

I hereby authorize THE HEARING CENTER to debit my checking account at the financial institution listed below, and if necessary, initiate refunds or transactions credited/debited in error. This authority will remain in effect only as specified in my purchase agreement.

Name of financial institution/bank

Routing Number: _____

Account Number: _____

Name on Credit Card/Checking Account

Address - City, State, Zip (where your credit card bills are sent)

Signature

Date

AUTHORIZATION

I hereby authorize The Hearing Center to charge the indicated card for all amounts due as indicated above. I agree that if I have any problems or question regarding any charges from The Hearing Center, I will contact The Hearing Center for assistance, at (702) 456-1110. I agree that I will not dispute any charges from The Hearing Center unless I have already attempted to rectify the situation directly with The Hearing Center and those attempts have failed. I guarantee and warrant that I am the legal cardholder for this credit card/bank account, and that I am legally authorized to enter into this recurring billing agreement with The Hearing Center. I agree to indemnify, defend and hold The Hearing Center harmless, against any liability pursuant to this authorization.

**41 N. Highway 160, Suite 11 Pahrump, NV 89060 (775) 253-5060
1400 Wyoming Street, Suite 1 Boulder City, NV 89005 (702) 293-5060
8935 S. Pecos Road, Suite #21A Henderson, NV 89074 (702) 456-1110**