LOSE FOR LIFE Automatic Payment Information

**To be used for automatic withdrawal of $80.00/month for clinic fees. Please provide either your credit card information or checking account information.*

First Name | Last Name | Birth Date

Address

City | State | Zip Code

To opt out and pay $240.00 upfront, check this box: □

Card Information

Card Number | Expiration Date | Card Type

Card Holder Name

Address (*If different than above)*

City | State | Zip Code

Email Address

Account Information

Routing Number | Account Number

Account Type | Check State | First Name | Last Name

Address (*If different than above)*

City | State | Zip Code

Email Address