



Address: 4001 S. Virginia Street, Suite F Reno, NV 89502
 Member Fee line: 775.284.1900
 Fax: 775.284.8991
 Email: membershipbilling@ahnnv.org

Recurring Payment Authorization Form

What you need to know:

- ◆ Membership fees will be deducted on the 1st of each billing period for the total amount due.
- ◆ Members are responsible for ensuring their payment is processed. AHN will not notify members of any missed payments.
- ◆ If you wish to cancel, you must notify AHN (30) days prior to the next scheduled payment to avoid future deductions.
- ◆ Any changes to the card information listed below require a new form to be signed and submitted two weeks prior to the requested effective date.
- ◆ Any future changes to the amount charged will be automatically processed.
- ◆ No membership fee payment refunds/credits.

Account Number:		Account Name:	
Effective Date:		Email receipt:	Yes No
Email Address:			
Please select the card type and complete each section below:			
Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>	American Express <input type="checkbox"/>
Card Number:	_ _ _ - _ _ _ - _ _ _ - _ _ _	Expiration: __ / __ (MM/YR)	
Cardholder Name:		Security Code:	
Billing Address:			
City:		State:	Zip Code:

Signature of Cardholder: _____ Date: _____

Recurring Payment Terms and Conditions:

I hereby authorize AHN (Access to Healthcare Network) to charge the above credit card for associated membership fees. This charge will occur on or about the first of my billing period. I understand this authorization will remain in effect until I cancel at which time I will contact AHN (30) days in advance to either cancel or arrange an alternative payment method. I will not dispute charges with my credit card company without first making an effort to resolve with AHN Membership Billing. I agree to contact AHN with any questions regarding my account or services.

Initials indicating agreement to these terms and conditions _____