



Access to Healthcare Network

A NON-PROFIT ORGANIZATION
BRIDGING THE GAP TO HEALTHCARE

4001 So Virginia St

Ste F

Reno, NV 89502

Member Fee Number: 775.284.1900

Email: membership@accesstohealthcare.org

Recurring Payment Authorization Form

For added convenience, schedule your AHN membership fee payment to be automatically deducted from your credit/debit card. To authorize, please complete the form below allowing for deduction of your monthly or annual dues on a recurring basis.

What you need to know:

- ◆ The fees will be deducted on or about the 1st of each month in which it is due.
- ◆ If you wish to cancel, you must notify AHN (30) days prior to the next scheduled payment to avoid future deduction.
- ◆ Any changes to the recurring amount listed below will require a new form to be signed.

Requested start date:		Head of Household Name:	
Billing/Membership #:		Recurring Amount of Charge:	\$

Please select the credit card type and complete each section below:			
Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>	American Express <input type="checkbox"/>
Account 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 each month. 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 _____