



**Town Center**  
FOOT & ANKLE

**Permission to Keep Credit Card Information on File**

**(Optional)**

I agree to keep the following credit card information on file with the billing department of Town Center Foot and Ankle:

Type of card: (circle one)

Visa

Mastercard

American Express

Discover Card

Card No.:

\_\_\_\_\_

Expiration date:

\_\_\_\_\_

Name on Credit Card:

\_\_\_\_\_

Address (for billing purposes only):

\_\_\_\_\_

\_\_\_\_\_

In the event my balance becomes 60 days overdue, I authorize Town Center Foot and Ankle to use this credit card to bring my account balance to zero (\$0).

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