



East Poplarville Veterinary Clinic, P.A.

859 Highway 26 East
Poplarville, MS 39470-3544
(601) 795-4393

www.poplarvillevet.com
www.facebook.com/EastPoplarvilleVeterinaryClinic

Pet's Name: _____

Automatic Payment Contract

Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Cell Phone: _____ Spouse/Other Cell Phone: _____

Employer: _____ Work Phone: _____

Spouse/Other Employer: _____ Work Phone: _____

Home Phone: _____ Alternate Emergency Number: _____

Social Security #: _____ Social Security #: _____

Email Address: _____ Email Address: _____

Bank Information (We will need a voided check.)

Bank Name: _____ Location: _____

Circle: Checking / Savings Account Number: _____

Routing Number (9-digit number): _____

Payment Information ***Administrative fee & first monthly payment due at time of sign up**

Wellness Plan: _____ Amount to Be Withdrawn Monthly: \$ _____

Plus \$ _____ administrative fee for 1st Month Only= \$ _____ due at time of sign up.

Date of first payment: _____ Date of Last Payment: _____

By signing this agreement, I understand that I am giving East Poplarville Veterinary Clinic, P.A. permission to withdraw the above amount from my checking/savings account on the agreed upon terms above until my contract terms are completed. The contract will be automatically renewed unless canceled by either party with 30 days' notice. The provider reserves the right to adjust monthly fees on any enrollment anniversary date and to cease to provide the plans at any time. I also understand that should I not have sufficient funds to cover the amount withdrawn or should I give an incorrect account number, I will be subject to an additional \$15 in processing fees, and that this amount owed will be added on as an additional fee until my bill is paid in full. If for any reason these charges are declined, I will be responsible to East Poplarville Veterinary Clinic, P.A., for the remaining amount of my bill plus 1.5% of my balance due billed monthly, or a monthly billing fee of \$3.00, whichever is greater until paid in full. I also understand that if my account is over 60 days past due without any payments made to East Poplarville Veterinary Clinic, P.A., my account will be turned over for collections and I will be responsible for the amount of my bill plus all reasonable collection fees incurred by the collection process.

Signature: _____ Date: _____