

I authorize More Smiles of Beverly to keep my signature on file and to charge my card ending in _____ for a recurring payment of _____ every month on the _____ day of the month and _____ day of the month starting _____.

I am choosing Tier ()

I understand I can cancel the authorization through written notice to More Smiles of Beverly 30 days in advance of the billing cycle. All discounts will be reversed and immediately due upon cancellation.

Cardholder Name

Card Number

_____ _____
Exp Date CVV

(ZIP) _____

Signature Date