

Credit Card Authorization Form

For Dental Offices

A **credit card authorization form** sample for dental offices ensures secure and efficient patient payment processing. This document authorizes the dental practice to charge the patient's card for services rendered. It helps streamline billing while protecting both the patient and the office from payment disputes.

Patient Information

Full Name:

Address:

Phone Number:

Email Address:

Credit Card Information

Name on Card:

Credit Card Number:

Expiration Date (MM/YY):

CVV:

Authorization

I, the undersigned, authorize **[Dental Office Name]** to charge the above credit card for payment of dental services rendered. This authorization remains in effect until I notify the office in writing to cancel it.

Amount Authorized (if specific):

Notes or Limitations (optional):

Date:

Patient Signature:

Please keep a copy of this form for your records.