



Cornell University
Animal Health Diagnostic Center

AHDC Billing Services
 Toll Free: 1-866-930-2432
 Phone: 607-253-3951
 Fax: 607-253-3977
 E-mail: AHDCbilling@cornell.edu

Monthly Auto-Payment Plan

Dear Client,

Save time and money by enrolling in our ***Monthly Auto-Payment Plan***. No mail to open, no checks to write, no stamps to buy. On the first business day after the close of each month, the credit/debit card of your choice will be charged for the total of all accessions finalized and/or supplies ordered in the previous month. You will then receive a zero-balance invoice detailing the services completed during the month as well as any payments made. If there is a problem processing your payment, your invoice will reflect this.

For your convenience, we accept VISA, MasterCard, Discover and American Express. Your credit card information is kept in a secure file and will be charged according to the terms above unless we are notified of a change. It is your responsibility to notify us prior to the first of the month if/when your card number and/or expiration date changes.

To enroll in this program and authorize us to use your card, simply complete this form and fax or mail it to the information listed below, or attach it to your submission form. You may also enroll by phone by calling the billing line listed above.

Should you have any questions regarding this program or any of your monthly invoices, please contact Billing Services between 8am and 4pm Eastern time Monday through Friday.

Send this completed form to: AHDC Billing Services, PO Box 5786, Ithaca, NY 14852-5786

OR

Our **secure** fax line at: 607-253-3977

Animal Health Diagnostic Center (AHDC)
MONTHLY AUTO-PAYMENT PLAN

Your AHDC Account No. _____ **Amount** *Monthly Balance*

Clinic/Vet's Name _____
 (as it appears on your invoice)

Cardholder's Name _____
 (Please **print** the name as it appears on the card)

Credit Card No. _____

Card Type: AMEX, Discover Card, MasterCard or Visa **Expiration Date** _____

Cardholder's Signature _____ **Date** _____