

Dear Gronowski Center Client,

We have several options available to pay for your services.

1. You can mail a check or money order to the clinic. We have our financial office manager gathering the mail several times a week and posting any payments that come in. Our mailing address is:

The Gronowski Center  
Attn: Financial Office Manager  
1172 Castro Street  
Mountain View, CA. 94040

2. You can complete the credit card form below and we will charge you for the specified amount. You can mail the form to the clinic (same address as above) alternatively; you can send a filled-out copy of this form via e-mail to [Clinic\\_Finances@paloalto.hush.com](mailto:Clinic_Finances@paloalto.hush.com)

Thank you from all of us at the clinic.

### Gronowski Center Credit Card Payment Information

Gronowski Center Client(s) Name \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration date on card (XX/XX): \_\_\_\_\_

Security code (3 digits on back of card, or 4 numbers on front of card for AmEx): \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount to be charged today: \$ \_\_\_\_\_

I authorize The Gronowski Center to utilize my credit card information and process my payment.

Yes  No

Would you like to use this card for future payments? \_\_\_\_\_ If yes, select one from down below

Friday weekly billing for \$ \_\_\_\_\_

Billing on 15<sup>th</sup> each month for \$ \_\_\_\_\_

Billing on last day of the month for \$ \_\_\_\_\_

**X** \_\_\_\_\_

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

Updated 05/2023