

## INSTRUCTIONS

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The document on the next page directs Chris E. Tsintolas, D.D.S., M.S. to stop processing monthly payments with the credit card on file.

Please print and send the completed document to us by:

<u>FAX</u>	or	<u>MAIL</u>
301-926-3861		Chris E. Tsintolas, D.D.S., M.S. 903 Russell Avenue, Suite 101 Gaithersburg, MD 20879

We will process your request upon receipt of the completed document.

**If you wish to update credit card details or authorize a different card for the recurring credit card payment service, please complete the Credit Card Authorization Form instead of this document. The Credit Card Authorization Form is available on our website.**

**AUTHORIZATION TO STOP RECURRING CREDIT CARD PAYMENT SERVICE**

As the Cardholder, I terminate the current Authorization for Recurring Credit Card Payment Service on file for the patient account referenced below. I do not wish to continue the service with another credit card. The person[s] responsible for the account remain obligated to continue payments by approved methods and per the terms of the Contract for Treatment.

I direct Chris E. Tsintolas, D.D.S., M.S. to stop processing my  Visa  MasterCard  Discover

XXXX - XXXX - XXXX - \_\_\_\_\_ effective \_\_\_\_\_  
last four digits of credit card date

for the patient account of \_\_\_\_\_  
patient's full name

\_\_\_\_\_  
Printed Name of Cardholder

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
date

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903 Russell Avenue, Suite 101  
Gaithersburg, MD 20879