



Individual Payment Options

- Annual Payment (One payment of \$1600)

- Semi Annual Payments (Two payments of \$850.00)
Auto debit every 6 months by credit card

- Quarterly Payments (Four payments of \$450.00)
Auto debit every 3 months by credit card

- Monthly Payments (Twelve payments of \$167.00)
Auto debit every month by credit card

Payable by credit card:

Card Type:   

Credit Card #: _____ Exp. Date: _____

Name as it appears on credit Card: _____

Billing Address for credit Card: _____

By signing below, I authorize Dr. Robert S. Taylor to charge my credit card for the amount listed above pursuant to the payment plan selected. I will notify the billing department 30 days in advance if Dr. Taylor is to stop charges to my credit or debit card.

Signature

Date

General Practice & Senior Federal Aviation Medical Examiner

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