



39 Lower Main Street  
Callicoon, NY 12723

### Private Payment Authorization Form

- This form is used to retain payment information for Patients receiving routinely prescribed maintenance medications from Riverside Remedies Pharmacy.
- The credit card on file will only be used for the individuals listed below.
- This form will be destroyed at the end of the camp session.

#### Individuals covered under this credit card:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Credit Information	
Card Type	_____
Card Number	_____
Expiration	_____
Name on Card	_____

### Authorized Signature

- > My signature below authorizes Riverside Remedies to collect payment for medications and/or services rendered to the named individuals above for the duration of the 20\_\_ camp season.
- > I understand that I can revoke or modify this information at any time, except to the extent that Riverside Remedies has already collected payment for medications and/or services already rendered.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date