




DENTAL CARE
of FRISCO
 BY THOMAS B. GRANT, DMD, PLLC
FAMILY & COSMETIC DENTISTRY
**In-Office Discount
 Dental Plan**



Membership Auto-Renewal Credit Card Authorization

I, _____, authorize Dental Care of Frisco to charge my credit card each year upon my anniversary renewal month to automatically renew my enrollment in the In-Office Discount Dental Plan. Dental Care of Frisco will notify me when the plan is renewed for my records*. If I choose to discontinue participating in the In-Office Discount Dental Plan, I will notify Dental Care of Frisco 30 days prior to my anniversary renewal month.

Debit/Credit Card #: _____

Expiration Date: _____ Billing Zip Code: _____

Cardholder Signature: _____

Date: _____

*Membership dues are required at enrollment. Dental Care of Frisco reserves the right to modify, change or discontinue the In-Office Discount Dental Plan, fees, terms, and services at the company's option upon written notice from Dental Care of Frisco prior to your anniversary renewal month.

It is the responsibility of the members to supply Dental Care of Frisco with current payment information to process a membership renewal without lapse in membership.

It is the responsibility of the member to ensure that Dental Care of Frisco has received payment for membership prior to the expiration date. Dental Care of Frisco is not responsible and assumes no liability to any member for failure to provide Dental Care of Frisco with current payment information for membership renewal.