



Secured Credit Card Information for AADT

Credit Card on File Agreement

We have implemented a policy which enables you to maintain your credit card information securely on file with American Alliance Drug Testing (AADT). In providing us with your credit card information, you are giving AADT permission to automatically charge your credit card on file for your expense including drug and or alcohol program enrollment, testing and supplies at time of service or shipment.

By signing this form, I agree and approve AADT to charge my card for the balance due on my account on the 15th of each month. By giving AADT this information to store in my account, AADT will provide the best available security technology to secure this information in a secured software location with limited access.

I authorize American Alliance Drug Testing (AADT) to charge for all products, services and outstanding balances on my account to the following credit card:

Visa - MasterCard - Discover - American Express -

Card Holder Full Name: _____
(Please Print)

Account Number: _____

Expiration Date: _____ Last 3 or 4 digits of Security Code (back of card): _____

Address: _____ State: _____ Zip: _____

Signature: _____ Date: _____

If there is still an outstanding balance owed on the 15th of each month, AADT will notify you via email, phone and/or mail. If by the final billing notice from AADT, we do not receive a response from you or your payment in full, at that time, any balance owed will be charged to your credit card. A copy of the charge will be mailed to you. This in no way compromises your ability to dispute a charge or question your determination of a payment.

_____ Please cancel my automatic payments. (This will have your stored credit card information removed from your account.)