



Secured Credit Card Information

AADT has implemented a policy which enables clients to maintain their credit card information securely on file with the **American Alliance Drug Testing (AADT)** system. When you provide AADT with your credit card information, you are giving AADT permission to automatically charge your credit card on file for all expenses such as, AADT's Drug & Alcohol Program Enrollment, testing and any supplies at time of service or shipment.

ACCOUNT HOLDER AGREEMENT: By signing this form, you agree and approve AADT to charge your card for the balance due on your account on the 15th of each month. By giving AADT this information to store in your information in your account, AADT will provide the best available security technology to secure this information in a secured software location with very 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 -

AADT Account #: _____

Card Holder Full Name: _____
(Please Print)

Credit Card #: _____

Expiration Date: _____ Last 3 or 4 digits of Security Code (front or 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.)