

PAYMENT BANC APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent *(Please circle)*

E-mail:

Cell:

CHECKING ACCOUNT INFORMATION

Name on Checking Account:

Payment Start Date _____ / _____ / _____

Bank Name:

Routing #

Account Number:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

SSN:

Phone:

SIGNATURES

I hereby authorize Dakota Pet Hospital to obtain a copy of my credit report from a credit reporting agency for the purpose of considering payment options.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership)*:

Date: