



West Chester Veterinary Care LLC
8897 Eagle Ridge Ct., West Chester, OH 45069
513-942-WCVC (9282)

Pet Plan Agreement

I hereby authorize West Chester Veterinary Care (WCVC) to automatically withdraw \$_____ from my:

Mastercard Visa Discover Debit

Every _____ days OR

On the _____ of every month. Starting month: _____

Cap? No ____ Yes, once \$_____ (or more) is in account

This automatic withdrawal will continue indefinitely and will resume if funds are depleted until I notify WCVC in writing of my intent to cancel auto-pay.

Date:_____

Name:_____

Signature:_____