



SMILE SAVER PROGRAM

Now that your child is enrolled in our Super 7 Club, Dr. Wedding and Dr. Thompson will continue to track the growth and development of your child's teeth until they are ready to get started with orthodontic treatment – all complimentary, of course! More than likely, your child will need orthodontic treatment. So, to help you start thinking of future finances that go along with it, we have created the *Smile Saver Program!*

The *Smile Saver Program* was actually designed by our parents to help with their child's future orthodontic investment. Dr. Wedding and Dr. Thompson listened and implemented this program at Wedding Orthodontics!

How It Works:

- Parents set aside an amount of their choice- something that fits within their monthly budget. Typically, these amounts have been \$25, \$50, or even \$100. There is NO set amount!
- We draft the amount you choose automatically either on the 10th or the 25th of each month.
- It's a small amount that greatly benefits you and your child in the future!
- And... if you decide not to start treatment for any reason, it is 100% refundable.

If you are interested in the Smile Saver Program, simply fill out the automatic monthly draft form, and you are all set to start saving for your child's future beautiful smile!



WEDDING

ORTHODONTICS

SMILE SAVER PROGRAM

AUTOMATIC PAYMENT CONSENT FORM

**I authorize Wedding Orthodontics to charge my
Credit Card, Debit Card, or ACH account for:**

PATIENT NAME

First Name

Last Name

ACCOUNT HOLDER NAME

First Name

Last Name

ACCOUNT BILLING ADDRESS

Street Address

Postal / Zip Code

City

State

MONTHLY CONTRIBUTION

DRAFT DATE 10TH 25TH

FIRST DRAFT DATE

NUMBER OF DRAFTS

SMILER SAVER GOAL

ACH ACCOUNT NUMBER

BANK ROUTING NUMBER

OR

DEBIT CREDIT CARD NUMBER

EXP. DATE

CVV

Account Holder Signature

Date

*In the event card is declined/invalid a 2nd attempt will be made up to 30 days after original drafting. If you are not the responsible party to the below account, you are entitled to receipts of your payments only. _____ (Please initial)

*I understand that a Health Savings Account/Flex Spending Account CANNOT be used for the Smile Saver Program. _____ (Please initial)