

Updated Oct 2022

**Zip Money Authorisation form**

Patients Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated borrowing amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of payment plan fees: 6 months – 3.75% 12 months – 5.95%

18 months – 8.15% 24 months – 10.35%

Zip Pay – 3.75%

(18 and 24 month payment plans must have total borrowing amount of $10,000 and above)

Estimated fees to be deducted (length of plan fees X estimated borrowing amount):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and have been made aware what fees will be deducted as an expense from my gross

Salary.

Dentist’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_