

AUTHORIZATION FOR ACH DEBIT/COLLECTION

I/We do hereby authorize West Plains Christian Clinic to initiate electronic debit entries (collections), credit entries and adjustments for any debit entries made in error to my account and the financial institution named below to debit/credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law.

Dollar amount to be withdrawn: _____

Frequency: (check one) monthly weekly

Other: _____

Bank Name: _____

Bank Phone Number: _____

Bank ABA/Routing #: _____

Account Number: _____

Checking Savings

This authority is to remain in full effect until West Plains Christian Clinic has received written notification from me (or either of us) of its termination in such time and in such manner as to afford West Plains Christian Clinic and the financial institution listed a reasonable opportunity to act on it.

Name: _____

SSN: _____

Signature: _____

Effective Date: _____