

ACH Pre-Authorization Form

I, we, authorize _____ to keep my signature on file and to initiate debit entries to my (our):

Checking Account

Savings Account (*select one*)

indicated below, at the depository financial institution named below, herein called DEPOSITORY, and to debit the following to such account:

Balance remaining after claim (s) is (are) resolved not to exceed \$ _____ for:

This consultation only

All consultations this calendar year

All consultations from _____ to _____
(date) (date)

Recurring charges of \$ _____ to be charged every _____
(frequency)

From _____ to _____
(date) (date)

Charges for the following family members:

(authorized family member)

(authorized family member)

(authorized family member)

(authorized family member)

Depository

Name _____ Branch _____

City _____ State _____ Zip _____

Routing

Number _____ Account

I (we) also acknowledge that our paper check may be turned into an electronic funds withdrawal from our account and understand we will not receive our check back from our financial institution

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name(s) _____
(Please print)

Date: _____ Signature _____

This authorization is valid until I (we) provide you with written cancellation.