

## AUTHORIZATION FOR AUTOMATIC CLEARING HOUSE (ACH) WITHDRAWALS

I hereby authorize **Circle Center Adult Day Services** to initiate debit entries to my account number indicated below at the depositories named below and to initiate, if necessary, credit entries or adjustments for any debit error.

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Financial Institution Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/Routing ABA # \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type (check one only)      Checking              Savings

Specify Dollar Amount or "Pay Balance Due" \$ \_\_\_\_\_

- Every Week
- Every Two Weeks
- Every Month-For the Previous Month

Beginning on: \_\_\_\_\_

Initial: \_\_\_\_\_ By signing this agreement I understand that this recurring payment is for scheduled attendance days only. Any additional charges associated with drop in days, transportation costs, or shower costs will also be charged to my credit card as a separate amount at the beginning of the month following the month in which they occur. Should this amount exceed \$ \_\_\_\_\_ I would like to be notified beforehand.

\_\_\_\_\_  
Payer/Debtor Name - Please Print

\_\_\_\_\_  
Payer/Debtor Signature

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

Responsible Party Email: \_\_\_\_\_

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until written notice of my intention to terminate this agreement (30 days' notice is required) has been provided.