

Authorization Agreement for Automatic Debits (ACH)

Bank Draft payment (ACH) Enrollment

Complete the ACH authorization agreement form below to enroll in the automatic bank draft payment option. This application must be returned to our office with a VOIDED check. Once activated, your billing statement will display the message “**PAID**”. The actual withdrawal from your bank account will occur on or about the 10th of each month.

Withdrawal

You may withdraw from the ACH payment option by completing the form below. Withdrawal from the ACH payment option will occur after the current billing statement has been processed by your financial institution.

Change of Banking Accounts

You may change bank accounts by completing the form below and enclose a VOIDED check from the new bank account once the current billing statement has been processed by your financial institution.

Non Sufficient Funds

ACH payments returned for insufficient funds will incur a returned check fee that will appear on the next billing statement.

ENROLLMENT _____ WITHDRAWAL _____ CHANGE BANK ACCOUNT _____

Resident Name _____

Name on Bank Account _____ Checking _____ Savings _____
(if different)

Name of Bank _____

Bank Account # _____

ABA/Routing # _____

I authorize The House of The Good Shepherd to initiate a debit to my account at the financial institution named above for payment of my monthly billing statements. This authority is to remain in effect until The House of The Good Shepherd has received written notification from me of its termination in such time and manner as to afford The House of The Good Shepherd and the financial institution a reasonable opportunity to act upon it.

SIGNATURE

DATE