

**AUTHORIZATION AGREEMENT
DIRECT PAYMENT (ACH DEBITS)**

For your convenience we offer automatic credit card payment or electronic fund transfer for your monthly payments

Client Name:	Billing Date: <input type="checkbox"/> 1 st of the month <input type="checkbox"/> 15 th of the month		
Client Account Number:	First Payment Due:		
Current Balance:	Monthly Payment Amount:		
Email Address:	Phone Number:		
Bank Account Information			
I hereby authorize Lifeline Connections to initiate a debit entry to my account indicated below and the financial institution named below for services rendered. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of the U.S. laws.			
Authorized Signature:	Bank Name:		
Branch:	Address:		
Account Holder's Name:	Bank Phone Number:		
Type of account: (Check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing Number:		
Effective Date:	Account Number:		
Credit Card Information			
Card Number:	Expiration Date:	Zip Code:	
Type of Card: (Check one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	CV2 Code: (3 digit code on the back)		
Responsible Party Name:			
Billing Address:	City:	State:	Zip Code:
This authority is to remain in full force and effect until Lifeline Connections has received payment in full or written notification of its termination in such time and manner as to afford Lifeline Connections a reasonable opportunity to act upon it.			
Authorized Signature:			

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Client should retain second copy)