

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:** 1st of the month 15th 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: (Select one) Checking Savings **Routing Number:** _____
Effective Date: _____ **Account Number:** _____

Credit Card Information

Card Number: _____ **Expiration Date:** _____ **Zip Code:** _____
Type of Card: (Select one) Visa Mastercard **CVV 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 if mailing or delivering in-person. You may also email this completed form with a photo of a voided check to: BillingOffice@lifelineconnections.org
 (Client should retain second copy)