

Direct Payment Authorization Form: Fixed Payments



We are pleased to offer you a new service-the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time – it helps maintain good credit.
- It saves postage –many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then just sit back and relax. Your payments will be made automatically on the specified day and proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before the effective payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

- 1) Indicate whether your payment will be deducted from your checking or savings account by marking the box to the left of the account type.
- 2) Fill in your name, financial institution name and location, and today's date. Select if you would like to pay by statements or by invoices (indicate invoice numbers).
- 3) Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your bank account number and routing number.

Note: Be sure to sign the form!

FAX to NevSCO @ 866.638.7260

Attn: Joyce

Please complete the information below.

I _____ authorize to initiate electronic debit entries to my:
(Insert Clinic name)

Checking Account

Savings Account

for payment of my NevSCO **Monthly Statement** or **Invoice(s)*** (One time transaction)

*Invoices to be paid: _____, _____, _____, _____, _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date ____ / ____ / ____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____