

## ACH Authorization

I (we) authorize Kevin B. Horton, MD, PA, to electronically debit my (our) account (and, if necessary), electronically credit my (our) account to correct erroneous debbits) as follows:

Amount of debit(s) or method of determining amount of debit(s), or specify range of acceptable dollar amounts authorized: \_\_\_\_\_

date(s) and/or frequency of debit(s): \_\_\_\_\_

Account Type:	____ checking ____ savings
Name on Account:	
Bank Account Number:	
Bank Routing Number:	
Bank Name:	
Bank City, State	

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing, that I (we) wishh to revoke this authorization. I (we) understand that COMPANY requires at least 30 days prior notice in order to cancel this authorization.

If the payment is rejected due to Non Sufficient Funds (NSF), I understand that COMPANY may attempt to process the transaction again within 30 days, and I agree to an additional \$25.00 charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_