



Caring compassionately for aging and disabled people since 1985

Home Services and Adult Day Program – 222 Goethe Avenue, Collinsville, IL 62234 • (618) 344-5008
Adult Day Program – 1015B Century Drive, Edwardsville, IL 62025 • (618) 656-7090

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT BY ACH (ACH DEBITS)

Direct Payment by ACH is the transfer of funds from an individual's account for the purpose of making a payment.

I (we) hereby authorize St. John's Community Care to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debit entries) as follows:

[] Checking Account or [] Savings Account (Select One) at the financial institution named below ("Financial Institution"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Payment Amount for Acceptable Dollar Amount(s) Authorized:

(Dollar Amount or Range) \$ _____ - \$ _____

Payment Schedule of debit(s): Monthly/Bi-weekly (Select one)

*If the ACH debit payment due date falls on a weekend or holiday, the payment will be deducted on the following business day.

I (we) understand that this authorization will remain in full force and effect until I (we) notify St. John's Community Care by phone (618-344-5008) or in writing to 222 Goethe Avenue, Collinsville, IL 62234 that I (we) want to revoke this authorization. I (we) understand that St. John's Community Care requires at least a 2 week prior notice in order to cancel this authorization.

Customer acknowledges that they have read, understand, and agree to the terms and conditions of the authorization.

Name(s): _____ (Please Print)

Signature(s): _____

Date: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM (Customer should keep a copy of this form for his/her records)