3703 Ensign Road Suite 10A, Olympia, WA 98506
360.438.1161 / Fax: 360.438.6690

ACH Debit Authorization

I/we herby authorize Vantage Physicians, hereinafter called COMPANY, to initiate debit entries to my/our (select one):

- ☐ Checking Account
- ☐ Savings Account

The ACH will be taken from the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Depository Name: ____ **Branch:** ______________________________

City:____ **State:** ____________________ **Zip:** _________________

Routing Number ***(9 Digits):*** ______________________________ **Account Number:** ____________________________________

This authorization will be in effect as follows: <u>(please keep in mind we only process payments on the 5th, 10th, and 20th of the month)</u>

- ❑ Reoccurring every______ of the month (or within 5 days thereafter) beginning on ____________ in the amount of $______________
- ❑ Reoccurring every three months, on the _________ of the month (or within 5 days thereafter) beginning on ___________ in the amount of $_____________
- ❑ Reoccurring annually, on the ____________ of the month (or within 5 days thereafter) beginning on ______________ in the amount of $ _____________.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I further understand that a fee of $35.00 will be assessed for any ACH item returned for non-sufficient funds.

Name(s): ____
(Please *Print)*

Signature: ____**Date:** _______________

Your Name
1234 Oak
Anytown, USA
1001
19-2/1250
20
PAY TO THE ORDER OF $
DOLLARS
Bank of America
ACH R/T 123456789
FOR
⑆123456789⑆ 000123456789⑈ 1001

ABA Check Routing Number 123456789
Account Number 000123456789
Check Number 1001
ACH Routing/Transit Number 123456789