



Recurring Payment Authorization Form Credit Card or ACH Debit

Honoring Life
~ Offering Hope

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 30 days prior to the payment being collected.

Please select one of the following and complete the information below:


I _____ authorize Seasons Hospice & Palliative Care to charge account indicated below per the rates and terms of the contract for the applicable dates of service.

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Checking/ Savings Account

Checking	Savings
Name on Acct _____	_____
Bank Name _____	_____
Account Number _____	_____
Bank Routing # _____	_____
Bank City/State _____	_____



Credit Card

Visa	MasterCard
Amex	Discover
Cardholder Name _____	_____
Account Number _____	_____
Exp. Date _____	_____
CVV (4 digit on Amex 3 digit on allover) _____	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing or I elect to revoke my hospice services. I agree to notify Seasons Hospice in writing, or by email at NATFinancialAssistance@Seasons.org of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/ savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Seasons Hospice may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.