

# ACH Pre-Authorization Form

I, we, authorize \_\_\_\_\_ to keep my signature on file and to initiate debit entries to my (our):

Checking Account

Savings Account (*select one*)

indicated below, at the depository financial institution named below, herein called DEPOSITORY, and to debit the following to such account:

**Balance remaining after claim (s) is (are) resolved not to exceed \$ \_\_\_\_\_ for:**

This consultation only

All consultations this calendar year

All consultations from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**Recurring charges of \$ \_\_\_\_\_ to be charged every \_\_\_\_\_**  
(frequency)

From \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**Charges for the following family members:**

\_\_\_\_\_  
(authorized family member)

\_\_\_\_\_  
(authorized family member)

\_\_\_\_\_  
(authorized family member)

\_\_\_\_\_  
(authorized family member)

Depository

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing

Number \_\_\_\_\_ Account

I (we) also acknowledge that our paper check may be turned into an electronic funds withdrawal from our account and understand we will not receive our check back from our financial institution

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name(s) \_\_\_\_\_  
(Please print)

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

**This authorization is valid until I (we) provide you with written cancellation.**