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ACH Payment Authorization Form

Customer Name:

Customer Account #:

ACH payments can be processed as one-time **payments** or set up on a recurring billing **schedule**. Schedule your payment to be automatically deducted from your checking or savings account. To get started, just complete and sign this form.

Why ACH Payments?

Will Make Your Life Easier

It's convenient (saving you time and postage)

Always be on time with your payment, eliminating late charges. You don't have to worry about being out of town)

Here's How ACH Payments Work:

You authorize monthly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. 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 7 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Care Living Diagnostics Inc to charge my bankAccount indicated below on the 10th day of month or according to the agreed upon payment terms.

Billing Address:

Phone:

Email:

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____