AUTOMATIC ACH BILLING AUTHORIZATION

To enjoy the convenience of automated billing, simply complete the ACH Information section below and sign the form. All requested information is required. Upon approval, you will have the option to make monthly payments or set up a monthly auto-deduction. Payments are made directly through our secure link accessed through your electronic statement sent to your email.

Your statement will include monthly fees and incidental charges, which you will receive prior to any payments or deductions.

Patient(s) Name(s): _____

PAYMENT INFORMATION

I authorize AFFIRMHD to automatically bill the account listed below as specified:

Amount: $_____ ☐ **Incidental Charges** **Frequency:** Monthly

Start Date: ___/___/____ **End Date:** Upon written member cancellation.

BANKING INFORMATION

Account Type: Account Number: Routing #:

_____ _____ _____

Account holder's Name (as it appears on account): ACH Check #

_____ _____

Customer's Signature: Date:

_____ _____

AffirmHD
simply, positively, healthy
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