

# Samaritan Caregivers, Inc.

## Electronic Transaction Credit/Debit Authorization Form

### Personal Information

Print Name on Account or Credit Card: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Additional phone: \_\_\_\_\_

Address/ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Account Information & Authorization

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

Checking

Savings

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ Discover    \_\_\_\_\_ Expiration Date

Amount to be debited as a fixed recurring amount: \_\_\_\_\_

\_\_\_\_ 1<sup>st</sup> day of each month    \_\_\_\_ 15<sup>th</sup> day of each month    Month/year to initiate: \_\_\_\_\_

I hereby authorize **Samaritan Caregivers, Inc.** to initiate entries to my checking/savings account at the financial institution named below or my credit card account. I also authorize **Samaritan Caregivers, Inc.** to initiate adjustments for any transactions from this account in the event that an entry is made in error.

This agreement will remain in effect until **Samaritan Caregivers, Inc.** receives a written notice of cancellation from me or my financial institution in such time as to afford **Samaritan Caregivers, Inc.** and my financial institution or credit card company a reasonable opportunity to act on it.

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

