CARDIOLOGY CONSULTANTS, PC

Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from a patient bank account for the purpose of making a payment.

I (we) authorize Cardiology Consultants, P.C. (company) to electronically debit my (our) account (and, if necessary, electronically credit my(our) account to correct eroneous debits) as follows:

Select one

◯ Checking Account

◯ Savings Account

I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository (Bank) Name _____

Routing Number _____

Account Number _____

Patient Name: _____ Patient account number: _____

Select from the payment options below:

◯ Pay full amount now: _____

◯ Schedule budget payment plan: **Minimum Payment Allowed is $10.00**

Payment Amount $_____ Date to start payment: _____

Repeats: ◯ Once a month On the _____ day of the month

I (we) understand that this authorization will remain in full force and effect until I (we) notify Cardiology Consultants, P.C. in writing that I (we) wish to revoke this authorization. I (we) understand that Cardiology Consultants, P.C. requires at least ten (10) business days prior notice in order to cancel this authorization.

Name(s) _____
(Please Print)

Date : _____ Signature(s) _____

Date : _____ Signature(s) _____

The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or authorization of debits or credits to correct errors.

Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notifications should be filed with a statement of the time and manner that notifications must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 701 University Blvd. E. Suite 400, Tuscaloosa, AL 35401 that is received at least three (3) days prior to the proposed effective date of the termination of authorization")

Cardiology Consultants Witness signature: _____