Hope Enrichment Center, PC
ACH Payment Authorization

You authorize charges to your checking/savings account as required for services or fees incurred at the Hope Enrichment Center (HEC). A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". HEC will run payments for co-payments, co-insurance, deductible, failed scheduled appointment (FSA) fees within forty-eight (48) hours or two (2) business days of your service date. You agree that no prior notification will be provided for ACH debits made to your account for services obtained at HEC and that you will keep your account in good standing.

I _____ authorize *Hope Enrichment Center (HEC)*
　　　　(Account Holder's Full Name)　　　　　　　　　　　　　　　(Merchant's Name)

to charge the bank account indicated below for psychotherapy services rendered fees incurred for failed scheduled appointments, co-insurance, co-payments, or insurance deductible costs.

Billing Information

Billing Address _____ City, State, Zip: _____
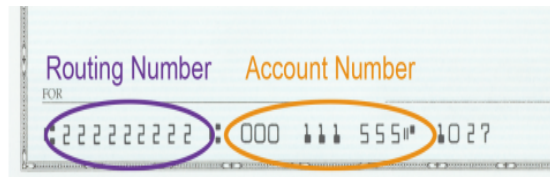
Phone # _____ Email _____

Bank Details

☐Checking　　☐ Savings

Account Name　_____
Bank Name　_____
Account Number　_____
Routing Number　_____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify *Hope Enrichment Center (HEC)* in writing of any changes in my account information or termination of this authorization at least fifteen (15) business days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that HEC may at its discretion attempt to process the charge again within 30 days and agree to an additional $15.00 (fifteen USD) charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____
　　　　　　　　(Account Holder's Signature)

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